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How to help your patients change without telling them what to do: an overview of behaviour change theory and key facilitation skills

MUSCULOSKELETAL RESEARCH UNIT

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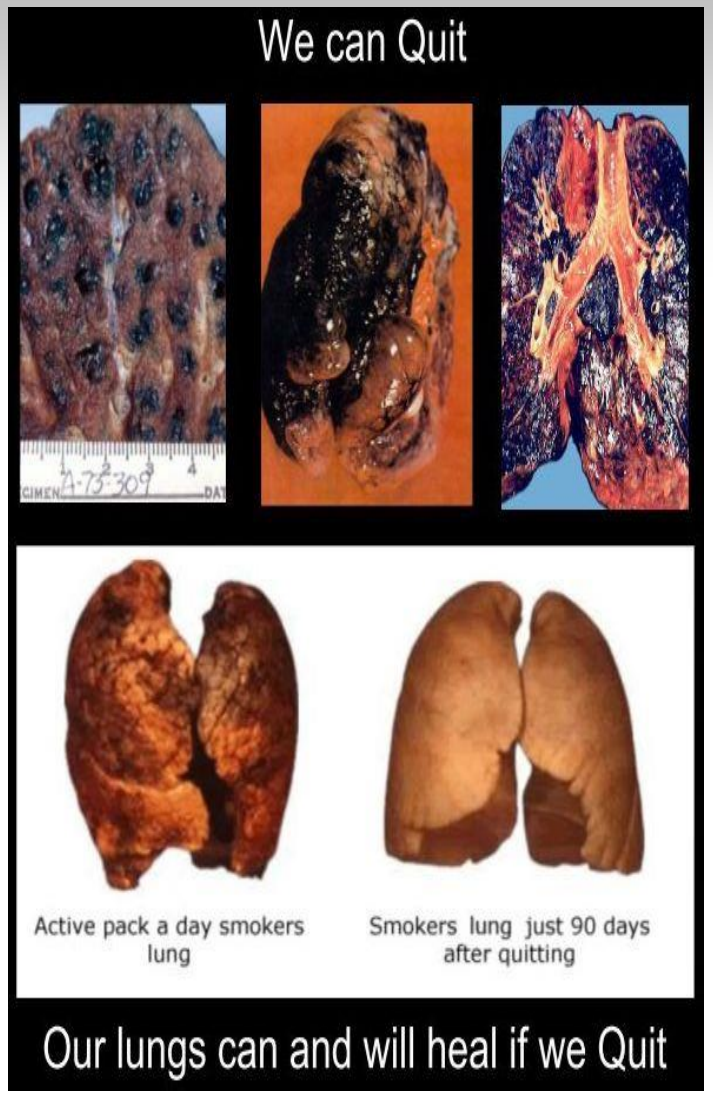
STOP SMOKING !

SCARE TACTICS

SAMPLE REPRESENTATION - FOR REFERENCE ONLY
WARNINGS FOR SMOKED TOBACCO PRODUCTS 2006

GUILT

POSITIVE MOTIVES/HUMOUR



WHY DO PEOPLE MAKE POOR HEALTH CARE CHOICES?

- Why do people continue to smoke despite knowing the risks associated with it?
- Why don’t people take their medications as prescribed?
- Why do overweight people continue to eat high calorie non-nutritious food?
- Why do people drink alcohol to excess when they know they will feel terrible the day after?
- Why don’t people exercise?

INFORMATION AND EDUCATION?

- Does telling people what to do, work?

- Does education alone encourage healthy behaviour?

INFORMATION AND EDUCATION?

- On it’s own:

NO !

Jepson et al 2010 BMC PH 10:538

The effectiveness of interventions to change 6 health behaviours: a review of reviews

INFORMATION AND EDUCATION?

What can we do instead?

Evidence shows that psychological approaches are more effective than education and/or advice alone

Williams ACDC, Eccleston C, Morley S. Psychological therapies for the management of chronic pain (excluding headache) in adults, Cochrane Database Syst Rev, 2012pg. CD007407
https://doi.org/10.1002/14651858.CD007407.pub3

Gorin SS, Krebs P, Badr H, et al. Meta-Analysis of Psychosocial Interventions to Reduce Pain in Patients With Cancer, J Clin Oncol, 2012, vol. 30 (pg. 539-47)

OWNING AND SOLVING PROBLEMS?

If patient identify their own problems and find a solution to their problems themselves, they are far more likely to change their behaviour.

Bandura A. Social foundations of thought and action: a social cognitive theory. Pearson Education, 1986.

Ajzen I and Fishbein M. Belief, attitude, intention and behaviour: an introduction to theory and research (Addison-Wesley series in social psychology): Longman Higher Education, 1976. Harlow, Essex, UK .

Carnes D, Homer KE, Miles CL et al. Effective delivery styles and content for self-management interventions for chronic musculoskeletal pain: a systematic literature review. *Clin J Pain.* 2012;28(4):344–354.

Lamb E, Hansen Z, Lall R, *et al*. Group cognitive behavioural treatment for low-back pain in primary care: A randomised controlled trial and cost-effectiveness analysis. *The Lancet*, 2010;375(9718):916-23.

Taylor SJC, **Carnes D,** Homer K, et al. Novel three-day community-based, non-pharmacological, group intervention for chronic musculoskeletal pain (COPERS): a randomized clinical trial. PLOS Medicine 2016 (June)

UNDERSTANDING PATIENT BELIEFS AND PROBLEMS

- What are the patients beliefs?
- What are the patients needs?
- What will help the patient change?
- What stops the patient changing?

WHAT INFLUENCES OUR HEALTH CHOICES?

- Our beliefs
- Our values
- Our culture (norms)
- Our environment
- Our knowledge
- Our feelings/emotions
- Our habits

- History/familiarity
- Personal experiences
- Experience of family and friends
- Media / TV
- Internet
- Health care professionals

USING A COGNITIVE BEHAVIOURAL APPROACH

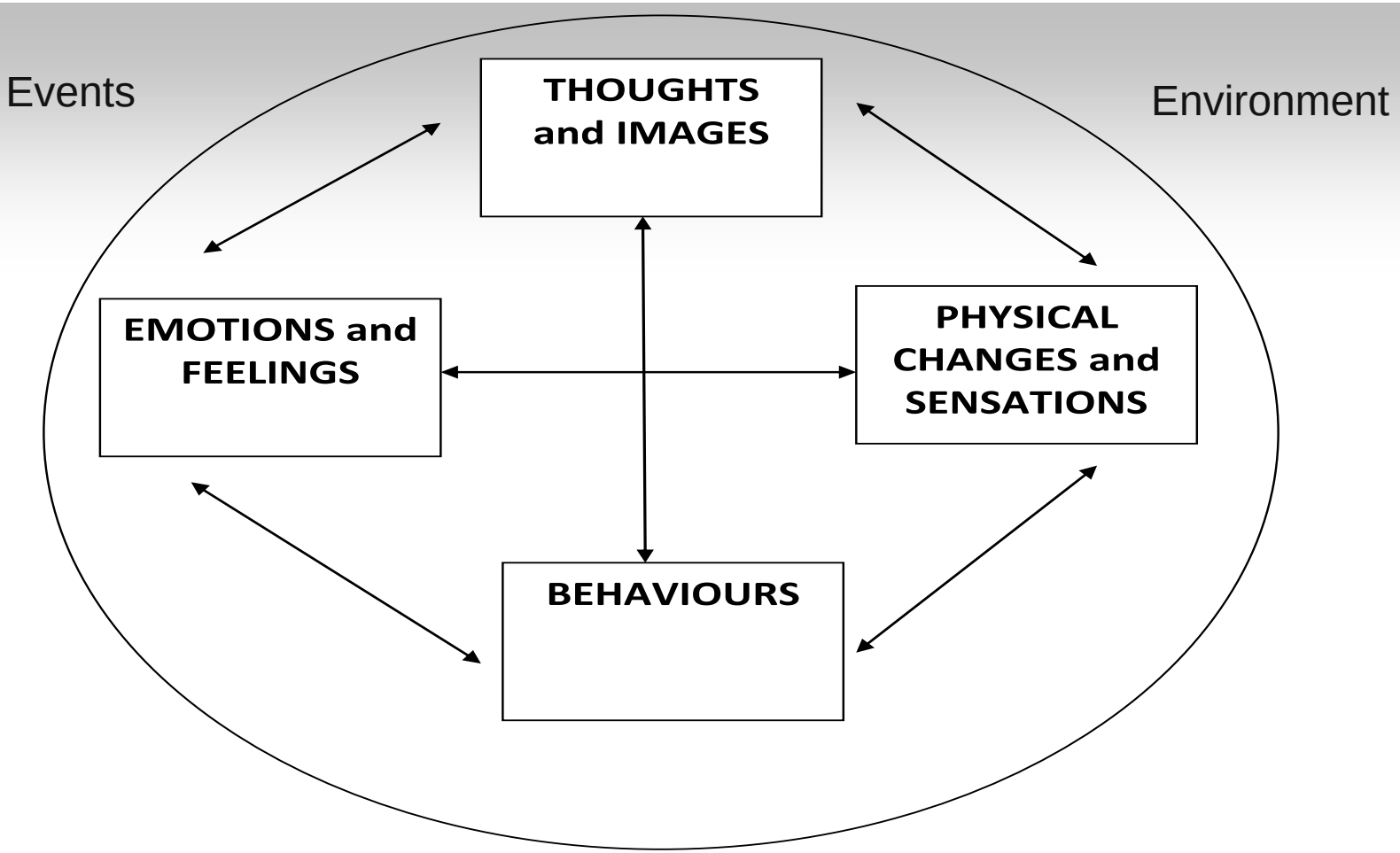
Cognitive behavioural therapy (CBT) is a psychotherapy that aims to help people overcome emotional problems.

Central concept of CBT is that:

Feelings affect the way you think……,

the way you think affects your behaviour.

WHAT IS CBT?



"CBT maintains that you can make a difference to the way you feel by changing unhelpful ways of thinking and behaving – even if you can't change your environment" (Willson and Branch).

WHAT IS A COGNITION?

- Thought or Belief:
  - Often illustrated as an Expectation and/or Behaviour

For example: smoking

- Clinician cognitions of smoking
- Patient / person cognitions of smoking
  - Expectations
  - Behaviours

» Understanding cognitions to change or challenge behaviour
» Recognising cognitions are different

WHAT IS A COGNITION?
COMMON COGNITIONS OF SMOKERS AND CLINICIANS

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Patient cognitions:

- I like smoking, it makes me relaxed
- I deserve a cigarette
- I need a cigarette when I am stressed to help me cope
- Smoking helps me concentrate
- Smoking is social

Clinician cognitions:

- He is going to have breathing problems
- He risks not seeing his children grow up
- He smells bad
- Why doesn't he spend his money (time) on healthy things?
- Smoking is anti-social

EDUCATION: PERSISTENT, LONGTERM OR CHRONIC PAIN

What is persistent, longterm, chronic pain?

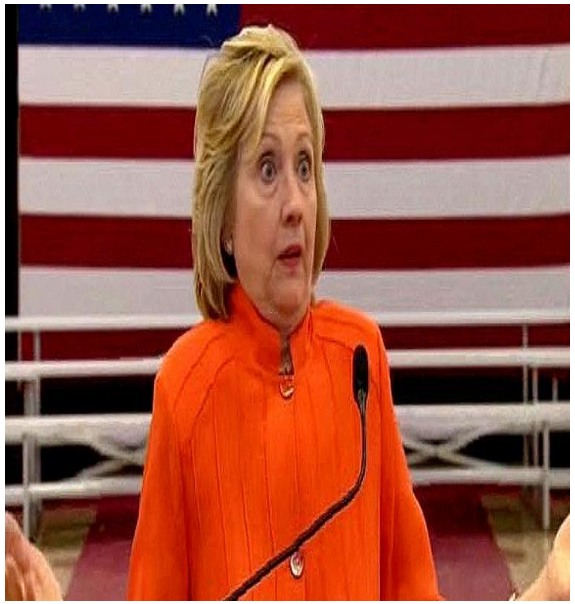
Pain that has lasted beyond the normal healing time for soft tissue, usually 12 weeks

- International Association for pain:
  - Mersky H, Bogbuk N, editors. Classification of chronic pain descriptions of chronic pain syndromes and definitions of pain terms. 2nd edition. Seattle: IASP Press; 1994

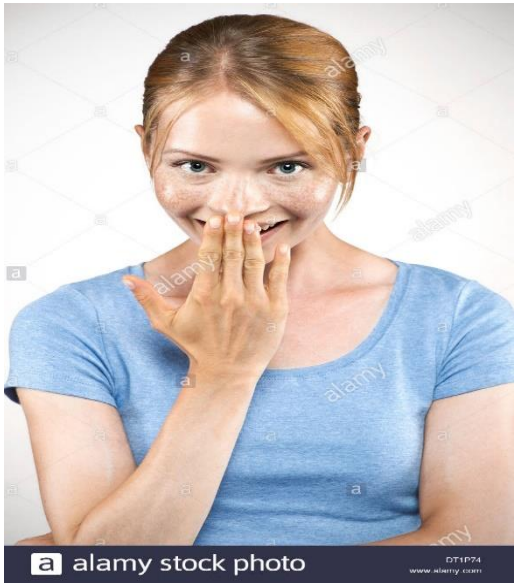
WHY IS THIS IMPORTANT IN HEALTH CARE?

- Example: Advising a patient with chronic pain to do more exercise.

Are you crazy?



Ha, Yeah right!

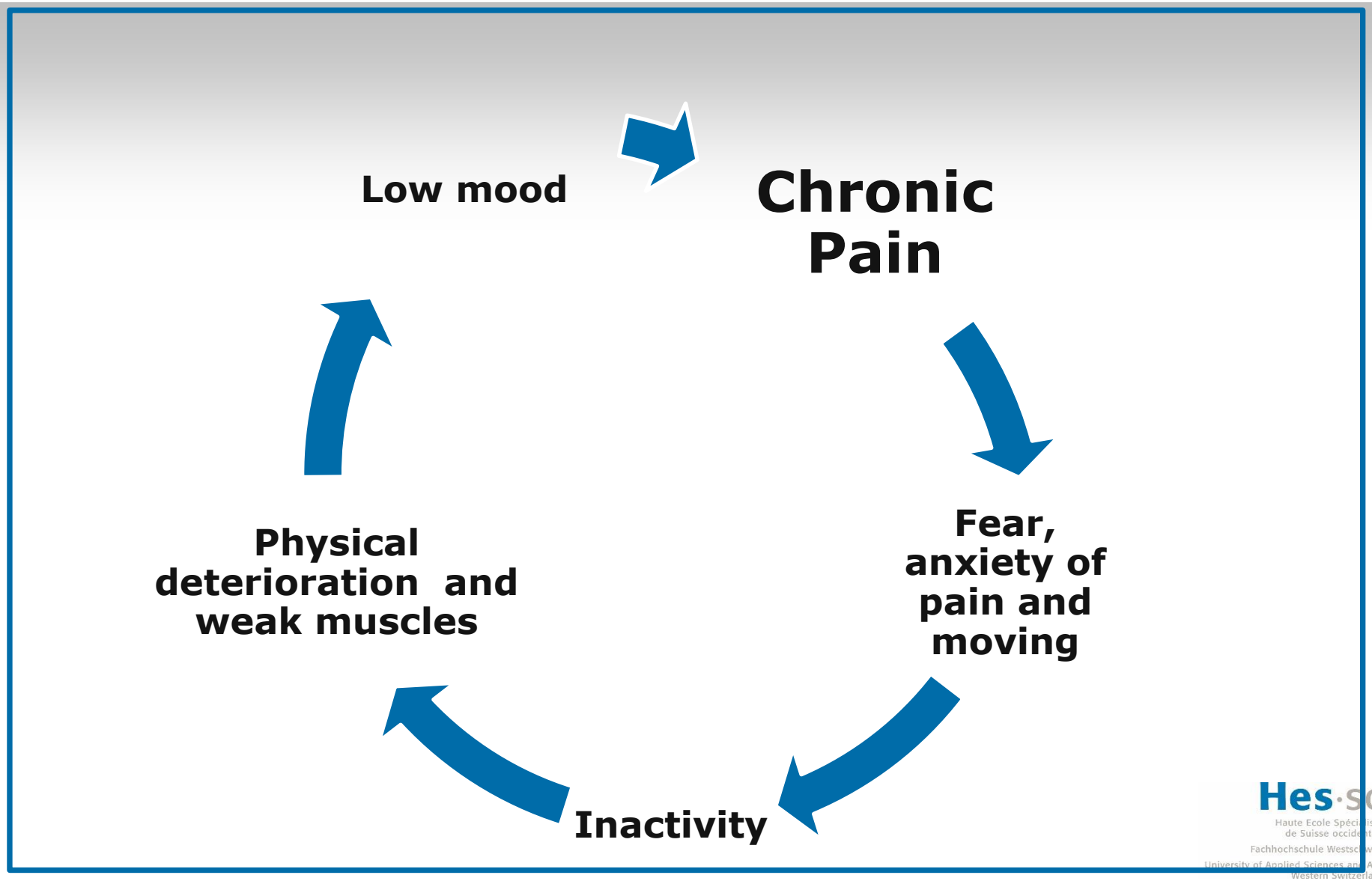


NO WAY!

COMMON COGNITIONS (BELIEFS) ABOUT CHRONIC PAIN

- **Why me?/ Life is not fair**
- **There should be a cure?/My pain will go?**
- **Pain means harm**
- **Overdoing it means damage**
- **Rest is best**
- **Pain makes me depressed**
- **My pain has caused me insurmountable problems**

EDUCATION: DOES REST MAKE YOU BETTER ?



ACCEPTANCE

Acceptance:

I can not change my pain (but I can change the way I think about my pain)

Analogy:

My friend goes to a party, unexpectedly her ex-boyfriend is there and he is flirting with all her friends.

My friend is obsessed and observes him constantly until she can tolerate it no more.

She leaves the party, she goes home and cries and does not go out for the rest of the weekend.

UNDERSTANDING YOUR PATIENT

Open questions

Active listening

What is the most important thing to you that you would like to:

- change?
- do differently?
- improve?

UNDERSTANDING YOUR PATIENT AND PROBLEM IDENTIFICATION

What has stopped you doing these things in the past?

- Identify problems
- Unhelpful thinking (cognitions)
- Challenge unhelpful thinking

How could you do things differently?

CHALLENGING AND PROBLEM IDENTIFICATION

Challenge cognition:

'My pain makes me inactive and depressed'

If my mood affects the way I feel my pain, can I make my mood better and then make my pain better?

How can I make my mood better?

What things make me happy?

How can I start doing things that make me happy?

CHALLENGING, ACCEPTING AND REFRAMING

How can start doing things that make me happy?

How can I start exercising?

How can I start losing wieght?

THESE ARE HUGE QUESTIONS, OFTEN OVERWHELMING FOR PATIENTS

HELP YOUR PATIENTS BREAK THESE AMBITIONS DOWN INTO MANAGEABLE 'CHUNKS'

BEHAVIOUR CHANGE EXAMPLE: ACTIVITY

CLINICIAN FACILITATES

- **JOINTLY IDENTIFY PATIENT NEEDS**
- **THE AIM: INCREASE ACTIVITY**
- **PATIENT CHOOSES AN ACTIVITY THEY WANT TO DO (& CAN DO)**
- **PATIENT IDENTIFIES WHY HE HASN'T DONE IT ALREADY: BARRIERS (BELIEFS/EXPECTATIONS)**
- **PATIENT DECIDES HOW TO DO IT: SMART GOALS AND ACTION PLANNING**
- **PATIENT PROVIDES FEEDBACK TO CLINICIAN**

WHAT TO DO, WHEN A PATIENT IS 'STUCK' ?

- Over-whelmed by pain
- Resistent or reluctant to help themselves
- Resistent or reluctant to change
- Feels useless, lacks confidence (self-efficacy)

Recognising and challenging negative beliefs and attitudes sensitively

WHAT TO DO, WHEN A PATIENT IS 'STUCK' ?

Examples of patient quotes:

"My pain is unbearable all the time!"

"I get no relief: my pain is terrible"

"Nothing helps my pain"

BARRIERS TO CHANGE: UNHELPFUL THINKING

- **Mental Filter**

Noticing negative information only: dismissing the positives

- *Are you only noticing the bad stuff?*
- *Are you filtering out the positives?*
- *What would be more realistic?*

BARRIERS TO CHANGE: UNHELPFUL THINKING

- **Mind reading**

Assuming we know what others are thinking (usually about us).

- *How do you know what others are thinking?*
- *What's the evidence?*
- *Is there another, more balanced way of looking at it?*

BARRIERS TO CHANGE: UNHELPFUL THINKING

- **Predicting**

Believing we know what's going to happen in the future.

- *Are you thinking that you can predict the future?*
- *How likely is it that that might really happen?*

BARRIERS TO CHANGE: UNHELPFUL THINKING

- **Making 'mountains out of molehills' and catastrophising**

Imagining and believing that the worst possible thing will happen.

- *What's most likely to happen?*
- *How would someone else see it?*
- *What's the bigger picture?*

BARRIERS TO CHANGE: UNHELPFUL THINKING

- **Rumination and procrastination, circular thinking**

Going round in circular thoughts.

- *Are these thoughts only?*
- *Can you do something about them?*

BARRIERS TO CHANGE: MAKING PLANS

- FOCUS ON ONE THING THAT IS IMPORTANT TO YOUR PATIENT
- SMART Goals:
  - Simple
  - Measurable
  - Achievable
  - Relevant
  - Timed

E.g. I need to lose weight OR

If I plan to only eat 1 biscuit a day (rather than 5) for 2 weeks I will see if I lose weight.

TAKE HOME MESSAGES

- Listen to your patients
- Ask open questions
- Help your patient identify their most important problem
- Help your patient devise a solution to their problem
- Help your patient understand unhelpful thinking
- Work out a SMART goal together
- Monitor and take interest in their progress

TAKE HOME MESSAGE

TRY NOT TO GIVE ADVICE

ALLOW YOUR PATIENT TO DISCOVER AND PLAN THEIR OWN WAY FORWARD

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Thank you for your attention!

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