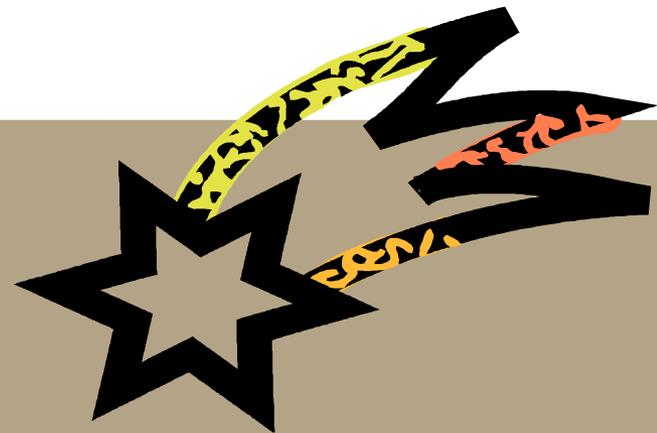# Recognizing and Facilitating Health Behavior Change

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GOAL OF THE NYS CARE MANAGEMENT TRAINING INITIATIVE

To provide education, training, and ongoing support to care managers who are in transition of their workforce responsibilities in a way that utilizes their existing knowledge, skills and strengths so that individuals with complex needs can improve their health and wellness and realize their full potential.

# TODAY'S WEBINAR OBJECTIVES

As a result of today's workshop, CM will:

- Identify their roles and responsibilities for recognizing and facilitating health behavior change.

- CM will be able to facilitate discussions with individuals and other providers/community supports related to health behavior change.

HEALTH HOMES: CHANGING OUR LENSES

Moving from fragmented, disease and practitioner-centered care to integrated, recovery and person-centered care
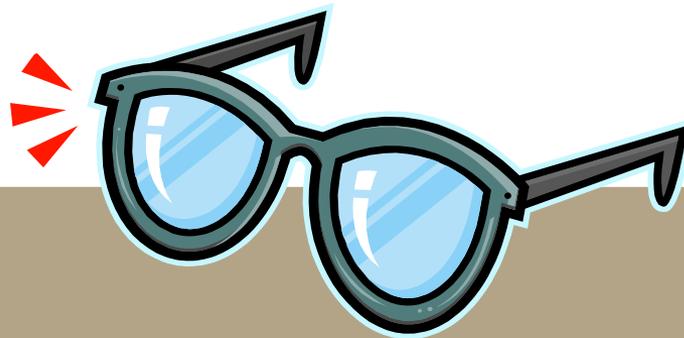
WHY IS HEALTH BEHAVIOR CHANGE CRITICAL TO THE SUCCESS OF HEALTH HOME CARE MANAGERS?

- Persons eligible for health home care management services have chronic health conditions that benefit from ongoing management of health and wellness behaviors/lifestyle habits.

- HH CM role is to support individuals to improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA definition of recovery).

- We know that various determinants of health which contribute to premature death—30% related to genetics. However, 40% is related to behavior, 15% to social circumstances, 10% medical care, and 5% to environment. (Schroeder, NE.M, 2007)

WHY IS HEALTH BEHAVIOR CHANGE CRITICAL TO THE SUCCESS OF HEALTH HOME CARE MANAGERS? (CON'T)

- HH CM will work with individuals with various degree of motivation to improve their health

- The degree of one's motivation will effect all aspects of the HH CM role including:

  - Comprehensive Care Management

  - Care Coordination and Health Promotion

  - Supporting Transitional Care

  - Patient and Family Support

  - Making referrals and linking to community supports

MAJOR THEMES OF TODAY'S WEBINAR

1. People move thru stages/phases in order to make change.

2. Not all interventions have the same impact at each stage- important to use stage matched interventions to maximize motivation.

3. Motivation is foundational to behavior change: Self Determination Theory

4. MI- counseling method to respond to ambivalence

1. PEOPLE MOVE THRU PHASES OF CHANGE

Pre-contemplation

Client not aware there is a problem

Client has no intent to change

OR

Client has tried to change but failed and may be discouraged

Client has not suffered negative consequences of the problem behavior

Contemplation

Client becomes aware there is a problem

Client becomes ambivalent about the problem behavior

Client begins to consider the possibility of change, weighing the pros and cons (change talk)

It is common to remain in this stage for extended periods

Preparation

Client decides that the benefits of change outweigh the positive aspects of staying the same

Commitment to change strengthens (commitment language)

Client makes specific plans for change

Client experiments with change and tell their significant others of their plans

Action

Client chooses a strategy for change and pursues it

Client begins to modify his life and habits

Maintenance

Client works to sustain change (process of recovery)

Client learns relapse prevention

Client usually experiences a lapse or relapse

*This is a non-linear process

Transtheoretical Model of Change
J. Prochaska & C. DiClemente

2. USING STAGED MATCHED INTERVENTIONS

Client Stages and Processes		Treatment Stages and Interventions			
Stages of change	**Processes of change**		**Stages of Treatment**	**Treatment Goals**	**Treatment Interventions**
Pre-contemplation (not thinking about change)	**Experiential:** Cognitive learning Emotional learning Consciousness-raising Dramatic relief Environmental re-evaluation Self re-evaluation	**Engagement**	**Pre-engagement** (no contact with provider)	Make contact	Outreach
			Engagement (no regular contact)	Create an alliance	Practical assistance Stabilizing symptoms
Contemplation/ Preparation (thinking, planning)		**Persuasion**	**Early persuasion** (regular contact)	Increase client motivation	Motivational interviewing Education Peer persuasion groups
			Late persuasion (target behavior <1 mo.)		
Action (making the change)	**Behavioral:** Social liberation Contingency management Helping relationship Counter-conditioning Stimulus control	**Active Treatment**	**Active early** (target behavior> 1mo.)	Help client change	CBT Social Skills Training Stress Mgt Self-help groups Pharmacological treatment
			Late active (targeted behavior change 1-5 mos.)		
Maintenance (maintaining change)		**Relapse Prevention**	**Relapse Prevention** (target change sustained over 6 mos.)	Note relapse risk Build on recover y	Peer recovery groups Self-help groups Lifestyle improvements

Based on Center for Mental Health Services (CMHS), 2003; Center for Substance Abuse Treatment, 2005; Mueser et al., 1999; Prochaska & DiClemente, 1983; Prochaska, 1992.

FACILITATING HEALTH BEHAVIOR CHANGE

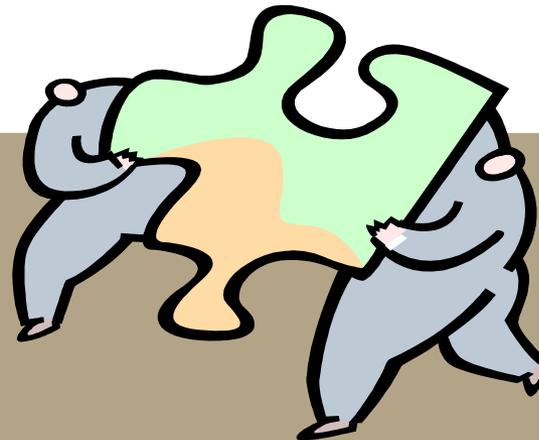Counseling for health promotion/disease prevention:

- A complex process

- Incorporates different theoretical perspectives

- Involves motivation of both care manager and client

FACILITATING BEHAVIOR CHANGE: KEY PRINCIPLE

Avoid being an authoritative expert who imparts education and instruction

to

Being a *facilitator* of health behavior change

3. **Self-Determination Theory**

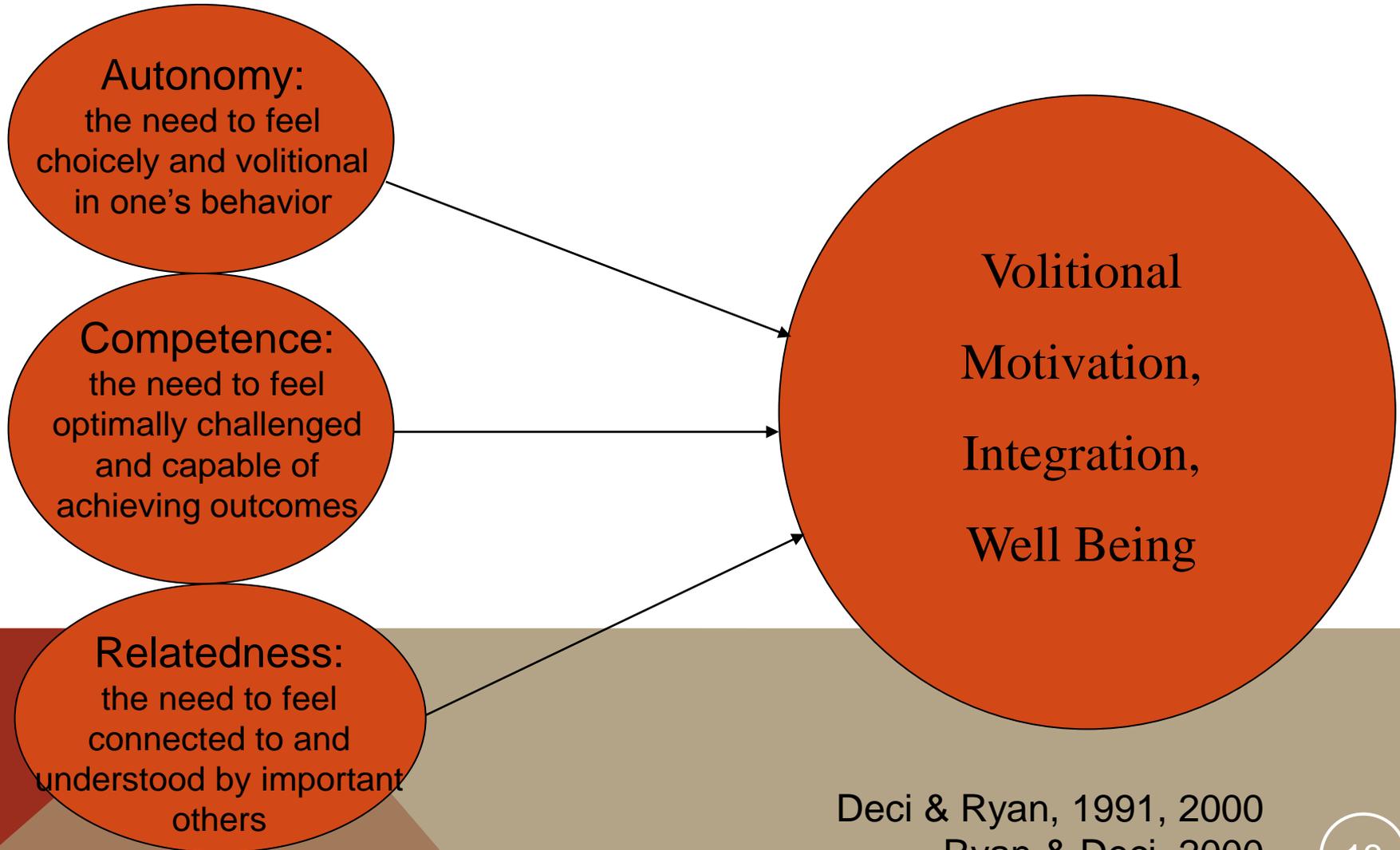AN APPROACH TO HUMAN MOTIVATION & PERSONALITY

Theory of **motivation**
 Human energy directed toward a goal

At its core: Assumes humans are innately motivated toward growth and health

BASIC PSYCHOLOGICAL NEEDS UNDERLYING OPTIMAL MOTIVATION AND WELL BEING

Autonomy:
the need to feel choicely and volitional in one's behavior

Competence:
the need to feel optimally challenged and capable of achieving outcomes

Relatedness:
the need to feel connected to and understood by important others

Volitional

Motivation,

Integration,

Well Being

Deci & Ryan, 1991, 2000
Ryan & Deci, 2000

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MOTIVATION PERTINENT TO HEALTH BEHAVIOR

- *Autonomous motivation*
  - Behaviors are chosen, and volitional
  - Behaviors are performed for their inherent value

- *Controlled motivation*
  - Behaviors are pressured or coerced
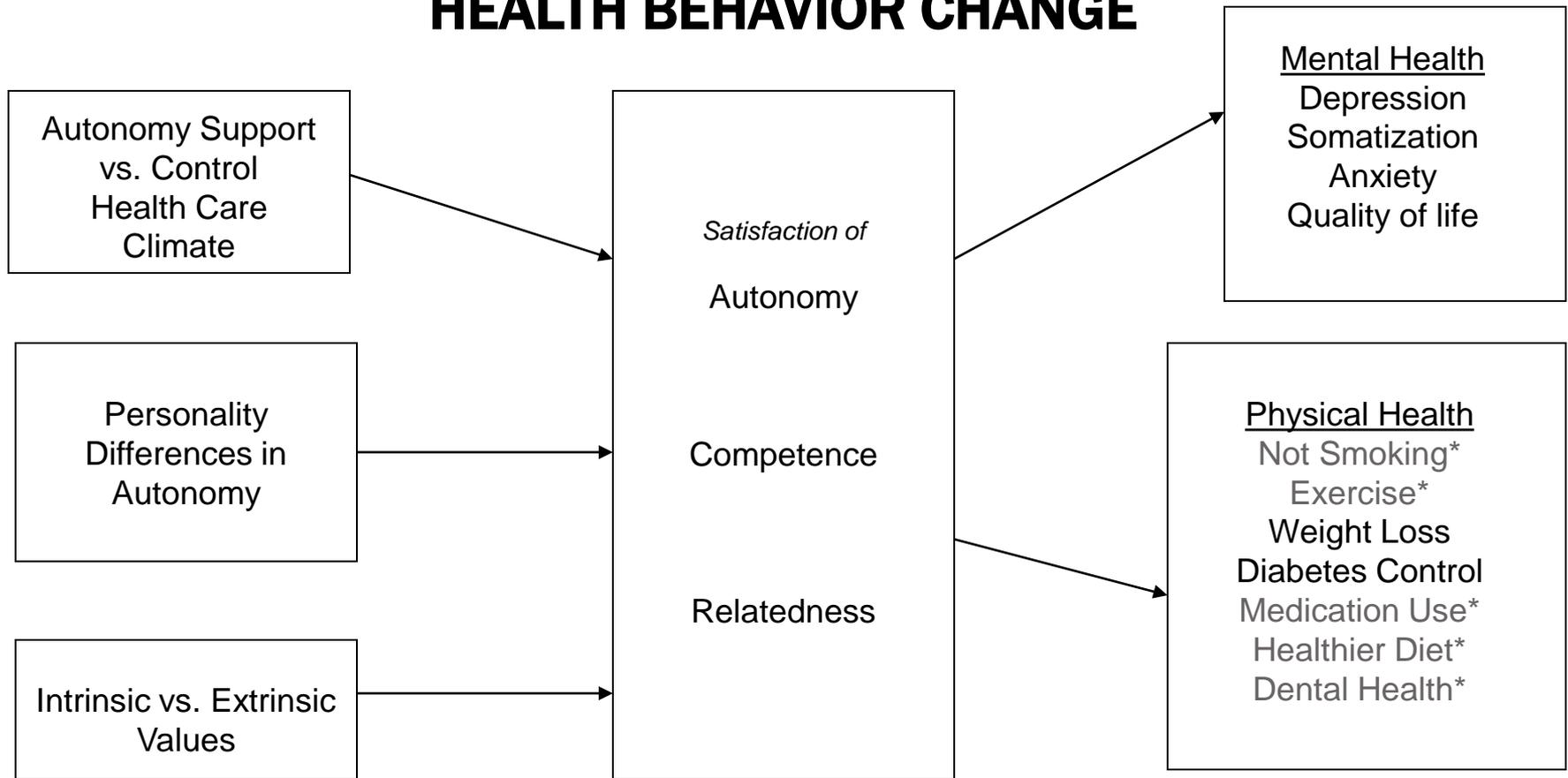 - Behaviors are performed for some separable outcome

Ryan & Deci, 2000; Deci & Ryan, 1991, 1995
Sheldon, Ryan, Rawsthorne, & Ilardi, 1997
Nix, Ryan, Manly, & Deci, 1991
Ryan, Deci, & Grolnick, 1995

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BASIC PSYCHOLOGICAL NEEDS SUPPORT

- Keys to supporting psychological needs

  - Elicit & acknowledge feelings & perspectives

  - Provide meaningful rationale

  - Support patient initiations to change

  - Reframe set backs

  - Emphasize choice, effective options

  - Minimize control

Deci, La Guardia, Moller, Scheiner, Ryan, 2006

SDT MODEL OF
HEALTH BEHAVIOR CHANGE

Autonomy Support
vs. Control
Health Care
Climate

Personality
Differences in
Autonomy

Intrinsic vs. Extrinsic
Values

Satisfaction of

Autonomy

Competence

Relatedness

Mental Health
Depression
Somatization
Anxiety
Quality of life

Physical Health
Not Smoking*
Exercise*
Weight Loss
Diabetes Control
Medication Use*
Healthier Diet*
Dental Health*

*RCT: Intervention to increase autonomy

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Anatomy of a Self Determination Theory Health Change Intervention

System Influences: Person Centered, Recovery Focused Practice
and
Population Needs (e.g. acute, chronic, crisis, homeless, forensic, etc.)

Content

Process

Practice Guidelines

Behavior
Change Theories

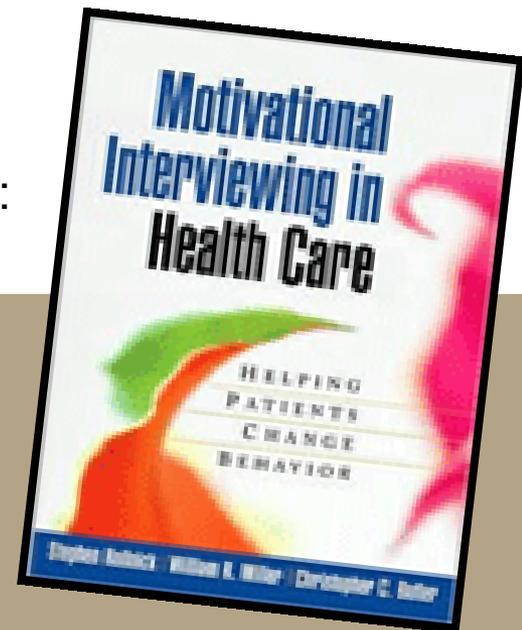Exercise, HTN, lipids, smoking, diet, etc.

TTM, IMB, SDT, HBM, MI, etc.

4. MOTIVATIONAL INTERVIEWING

Motivational Interviewing is a

person-centered counseling method for

responding to <u>ambivalence</u>

"Motivational Interviewing in Health Care:
Helping Patients Change Behavior"

Stephen Rollnick,
William R. Miller,
Christopher C. Butler

AMBIVALENCE

- "Lack of motivation" is often ambivalence- both sides are within the person

- When you argue for one side of ambivalence, the person is likely to defend the other side

- As the person defends their current behavior, the likelihood of change decreases

- Resist the urge to take up the "good side" of ambivalence

FOUR FUNDAMENTAL PROCESSES IN MI

1. Engaging

Motivational Interview

2. Focusing

3. Evoking

Relational Foundation

4. Planning

WHAT ARE THE INITIAL STEPS IN LEARNING MI?

1. Fully understanding and accepting the spirit of MI

2. Using person-centered skills

3. Recognizing change talk

4. Evoking and reinforcing change talk

5. Dancing with discord

1. THE SPIRIT OF MOTIVATIONAL COUNSELING

We believe that the person has the capacity for behavior change...

and we evoke the individual's own reasons, ideas and solutions.

2. USING PERSON CENTERED SKILLS: REFLECTIONS

www.motivationalinterviewing.org

- Statements, not questions (80/20)
- End with a down turn
- Can be simple or complex (active listening)
- Seek to understand the person's subjective experience
- Provide accurate empathy
- Make guesses about the person's meaning

REFLECTIONS

1. <u>Simple reflection-</u> contain little or no additional content beyond what the person has said.

2. <u>Double sided reflection-</u> includes both sustain talk and change talk, usually with the conjunction "and"

3. <u>Amplified reflection-</u> person's content reflected back with greater intensity than the person had expressed-use with sustain talk or discord!

3. RECOGNIZING CHANGE TALK

- Any speech that favors movement towards change

- Opposite of sustain talk

- Specific to a target behavior

- Present or future tense, not past tense

4. EVOKING CHANGE TALK

Understand person's motivation:

- Ask the person why he/she would want to make the change

- Ask the person how he/she would make the change

EVOKING CHANGE TALK-PREPARATORY, NOT YET ACTION
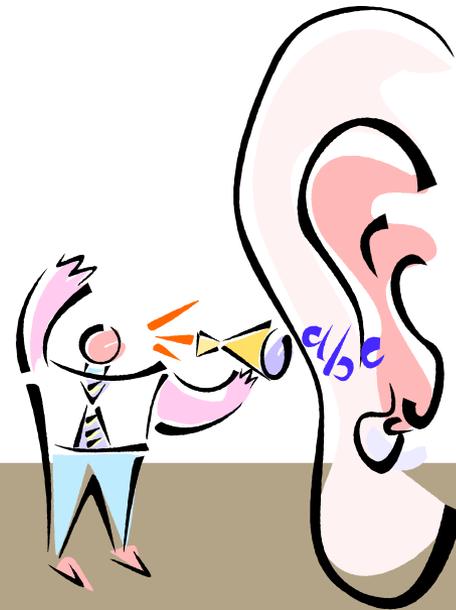
Ask for change talk by eliciting:

D: Desire   I want/wish/like to...

A: Ability   I could/can/might be able to...

R: Reasons   If....then...

N: Need   I need to/ought to/should...
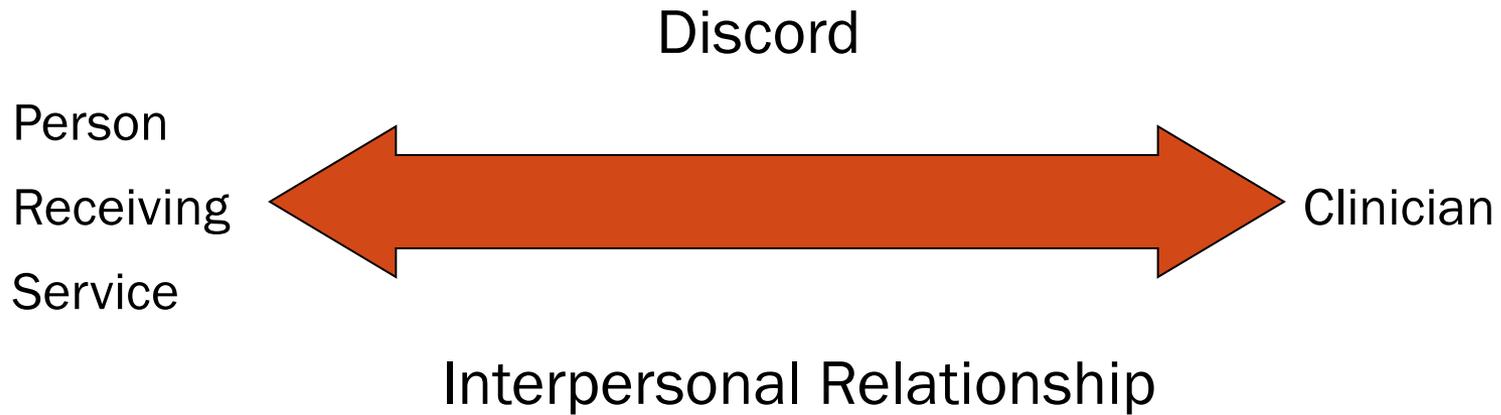
DARN

RESPONDING TO CHANGE TALK:
USE ALL EARS

Elaborate and ask for more details….

- **E**voke
- **A**ffirm
- **R**eflect
- **S**ummarize

5. DANCING WITH DISCORD

Discord results from the <u>interaction</u> between the person being served and the counselor. It is a signal to change strategy.

Discord

Person
Receiving
Service

Clinician

Interpersonal Relationship

MI STRATEGIES TO DEAL WITH DISCORD OR SUSTAIN TALK

Strategic Responses

Shifting Focus – A way of responding to discord by redirecting attention and discussion to a less contentious topic or perspective

Reframe – A statement that invites the person to consider a different interpretation of what has been said

Agreement with a Twist – A reflection, affirmation or accord followed by a reframe

Emphasizing Personal Control –A statement directly expressing autonomy support, acknowledging the person's ability for choice and self-determination

"It bothers you that people are getting into your business. I appreciate the fact that you are taking it seriously."

SO…ASKING, LISTENING, INFORMING

Which of these communication tools is most predominant in your conversations?

- *Ask* where the person wants to go and get to know him/her

- *Listen* to what the person wants to do and offer support as needed

- *Inform* the person about options and see what makes sense to him/her

ULTIMATELY YOUR TASK IS TO...

- Elicit "change talk" rather than "sustain talk" and "discord"

- Recognize and consolidate commitment to change

- Develop a plan for change

QUESTIONS THAT CAN "TIP THE BALANCE" FOR CHANGE

- "What do you want to do about that?"

- "What's your plan"

- "How would you do that if you wanted to?"

- "There are a few things you might be interested in...Which of these would you like to try?"

MORE ABOUT CONVERSATIONS THAT SUPPORT BEHAVIOR CHANGE...

- Ask open questions that can be answered with change talk

- Use a ruler

- Assess importance and confidence

- Pros and cons (BE CAREFUL)

- The "What next..." question

- Using hypotheses

GIVING ADVICE/INFORMING

Seek permission…

Why do we do this?

- Honors and reinforces the person's autonomy

- Encourages involvement in person's own healthcare

- Emphasizes collaboration and the importance of the relationship

- Lowers "discord" and "sustain talk"

THREE FORMS OF PERMISSION

1. The person offers it (e.g. asks for advice)

2. You ask permission to inform/give advice
- There's something that worries me here. Would it be all right if I….?
- "Would you like to know….?"
- "Do you want to know some things that others have done?"
- "Would it be all right if I tell you one concern I have about this plan?"

3. You preface your advice with permission to disagree/disregard
- "This may or may not be important to you…"
- "I don't know if this will make sense to you…"
- "You may not agree…"
- "I don't know how you'll feel about this…"
- "Tell me what you think of this…"

WHEN MI SKILLS ARE INTEGRATED…

You will:

- Guide rather than coerce
- Encourage rather than shame
- Negotiate rather than dictate
- Feel less responsible for another person's behavior

LINKING SDT & MOTIVATIONAL INTERVIEWING

- Both assume people have an innate propensity for personal growth toward cohesion & integration

- This integrative tendency enhanced or thwarted through social environment/supports for autonomy, competence, relatedness

- Autonomy support: integral to both

- SDT helps offset the risk of using MI simply as a set of techniques by underscoring importance of freedom from pressure and control (in external environment and/or within the person's psyche)

HOW DO I INTEGRATE THIS DAY TO DAY?
COMPREHENSIVE CARE MANAGEMENT

Examples:

- When completing a comprehensive health assessment/reassessment, understand a person's readiness to make change for each issue

- Develop a plan of care with stage matched interventions

- Develop a crisis intervention plan which addresses the person's readiness to make change

HOW DO I INTEGRATE THIS DAY TO DAY?
CARE COORDINATION & HEALTH PROMOTION

Examples:

- Communicate/discuss readiness for change among providers and others as appropriate

- Incorporate concepts of motivation and the importance of meeting psychological needs into case review meetings

- Inquire about the individual's interest in health care/social service recommendations

HOW DO I INTEGRATE THIS DAY TO DAY?
## COMPREHENSIVE TRANSITIONAL CARE

Examples:

- Reassess an individual's motivation/ readiness to make change in a particular area

- Develop stage matched transitional plans

- Utilize motivational interviewing skills to support follow up recommendations

HOW DO I INTEGRATE THIS DAY TO DAY?
PATIENT AND FAMILY SUPPORT

Examples:

- Communicate/discuss readiness for change among family and others as appropriate

- Provide support to family and others when their readiness to make change is different from the individual

- Utilize motivational interviewing
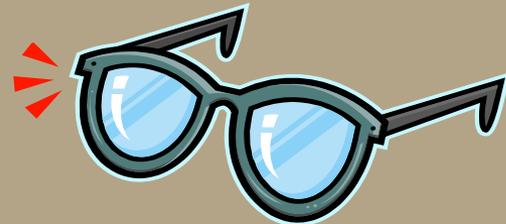
Examples:

- Provide stage matched referrals to community and social support services

NEXT STEPS

Please share your feedback via the webinar survey

Log on to the NYS Care Management Training Initiative website to review additional resources at www.healthhometraining.com

Talk with your colleagues about:
- The readiness of individuals you work with for a particular change
- The psychological needs underlying motivation
- Stage matched interventions
- Utilization/practice of MI skills
- The degree to which motivation will impact health home care management services you deliver

QUESTIONS?