

Behavioral Skills Training: What is Most Important in Effecting Change?

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Behavioral Skills Training: What's Important?

- An increasing prevalence of CVD risk factors calls for aggressive actions by HCPs to support health behavior change in primary and secondary prevention.**
- Health behavior change is highly dependent upon adherence to health-related behaviors.**
- Adherence is influenced by actions of patients and providers and the health care system.**
- Enhancing skills to communicate, educate and coach individuals and focusing on system changes will likely improve health behavior change and reduce CVD risk**

Evidence for Effectiveness of Interventions to Improve Adherence*

Short-term Interventions

Nine RCTs testing 10 interventions

5/10 improved patient adherence

4/10 improved at least one outcome

Interventions tested: Simple and brief

Counseling

Written information

Personal phone calls

Conclusion: Inconsistent with half or fewer demonstrating effectiveness.

*Haynes, RB, et al: Cochrane Database of Systematic Reviews, Issue 1, 2009

Evidence for Effectiveness of Interventions to Improve Adherence

Chronic Adherence

70 RCTs testing 83 interventions

36/83 improved adherence

25/83 improved at least one outcome

Interventions tested: Complex, combined

More convenient care

Information

Counseling

Reminders

Family therapy

Self-monitoring

Tele- follow-up

Supportive Care

Reinforcement

Conclusion: Even most effective interventions did not lead to large improvements.

*Haynes RB, et al: Cochrane Database of Systematic Reviews, Issue 1, 2009

KEY COMPONENTS OF BEHAVIORAL SCIENCE FOR CARDIOVASCULAR RISK REDUCTION

- Trans-theoretical model (Stages of change), Social Learning Theory**
- Relapse Prevention Training**
- Motivational Interviewing/ Communication Skills**
- Elements of Applied Behavioral Theory**
- Continuous Quality Improvement (CQI Process)**

ACTIONS TO INCREASE COMPLIANCE WITH PREVENTION AND TREATMENT RECOMMENDATIONS

ACTIONS BY PROVIDERS

SPECIFIC STRATEGIES

Foster effective communication

- Provide clear, direct messages
 - Include patient in decision-making about treatment goals
 - Incorporate behavioral strategies in counseling
- Use written and verbal instructions
 - Develop communication skills
 - Use contracting/tailoring
 - Negotiate goals-plan
 - Anticipate barriers and discuss solutions
 - Use active listening
 - Develop multi-component (behav/cog.) strategies

ACTIONS TO INCREASE COMPLIANCE WITH PREVENTION AND TREATMENT RECOMMENDATIONS

ACTIONS BY PROVIDERS

SPECIFIC STRATEGIES

Document and respond to patients' progress toward goals

- **Create an evidence-based practice**
 - **Assess compliance at each visit**
 - **Develop reminder systems for follow-up**
- **Determine outcomes methodology**
 - **Use self-report or electronic data**
 - **Use telephone follow-up**

COMMUNICATION SKILLS

“IF SPEAKING IS SILVER, THEN LISTENING IS GOLD.”

TURKISH PROVERB

I. Active Listening

Refrain from questions

Respond by checking understanding

Be attentive

II. Convey Warmth and Empathy

Ask patients to share concerns about health behavior change

Acknowledge both positive and negative emotion/use non-verbal communication

COMMUNICATION SKILLS

III. Ask Open-Ended Questions

- Two words are key: "What" and "How"
- Use inviting statements
 - Tell me more...
 - Please describe...
- Be attentive and encouraging
 - Please go on...
 - Tell me more...

COMMUNICATION SKILLS

“Nothing in life is to be feared, it is only to be understood. Now is the time to understand more so that we fear less.” *Madame Curie*

IV. Use Interactive Communication to Improve Patient Understanding

– Repeat Back, Clarify, Repeat Back

◻ Ask the patient to summarize at the end of a visit

MOTIVATIONAL INTERVIEWING

Directive, patient centered counseling style to help people explore and resolve their ambivalence about behavior change

- **Communication style that builds rapport**
- **Based on a blending of theories and interventions**
- **Initially developed for use with substance abuse and now expanded to many behaviors**
- **Recognizes the difficulty of behavior change—
e.g. time, conflicting feelings, relapse**

MOTIVATIONAL INTERVIEWING: A SYSTEMATIC REVIEW AND META-ANALYSIS

Review of 72 RCT's (1991-2004) using MI as intervention for physiological/psychological diseases

Results

- MI effective in 75% of RCT's; no adverse effects
- 94% of trials used individual interviews
- Median duration of a session-- 60 minutes (range 10-120 min.)
- Effects—60 min. (81%), < 20 min. (64%)
- Single encounter less effective than five (40% versus 87%)
- Psychologists/MD's- effect in 80% of studies while HCP's effect seen in 46%

Rubak S, et al. *British Journal of General Practice* 2005: 305-312.

FOUR GENERAL PRINCIPLES OF MOTIVATIONAL INTERVIEWING

- **Express Empathy**

- Acceptance and understanding facilitates change

- Conveys unconditional positive regard

- Recognizes that ambivalence is normal

- **Develop Discrepancy**

- Let the person express arguments for change

- Difference is between where the person is now and where they would like to be

- Help person become aware of positive and negative consequences

- Help person to define goals

FOUR GENERAL PRINCIPLES OF MOTIVATIONAL INTERVIEWING

- **Roll with Resistance**

- Confront the problem not the person
- Resistance is a signal to respond differently
- Focus on alternative change options
- Resistance often stems from fear of change

- **Support Self-Efficacy**

- Promote belief in ability to change
- Identify previous successful experiences
- Focus on skills

STRATEGIES TO ELICIT CHANGE TALK

- **Ask Evocative Questions**

 - “ How has your smoking caused problems for you?”

 - (Problem recognition)

 - “ What worries you about your diet?” (Concern)

 - “ What might be better if you changed your behavior?”

 - (Optimism)

- **Explore Decisional Balance**

 - ◻ What are the good things/not so good things

- **Elaborating**

 - ◻ Tell me more about your idea to change

STRATEGIES TO ELICIT CHANGE TALK

- **Use Readiness Rulers**

“On a scale of 0 to 10 how important is it for you right now to change your diet?”

0.....10

(Not at all)

(Extremely)

Why are you a “3” and not a “1”?

What would it take for you to move from a “4” to a “6”

- **Looking Forward/Looking Back**

“If there was a time... “Where would you like to be...

PHASE 2: NEGOTIATING A CHANGE PLAN

- Summary of reflection and review of concerns
- Review of self-motivational statements
- Key Question---What's next?
- Development of a change plan
 - Setting goals
 - Considering change options
 - Arriving at a plan
 - Eliciting commitment

EDUCATION SKILLS

“The whole purpose of education is to turn mirrors into windows.” **Sydney J. Harris**

- **Deliver brief 1-3 minute messages**
 - **Use teachable moments**
 - **Enhance effectiveness by limiting content, tailoring, being clear and directive**
 - **Confirm a patient’s understanding**
- **Foster better education in all practice settings, e.g. office, exam rooms, staff**

EDUCATION: A 1-3 MINUTE MESSAGE

“Mr. Jones, giving up smoking is the single most important thing you can do for your health.

➤ **Directive/Persuasive Statement**

Smoking decreases the amount of oxygen that is carried in the blood to your heart. Your angina is caused by a lack of blood flow to the heart muscle. Continuing to smoke is likely to cause you more chest discomfort.

➤ **Tailored and Personalized Statement**

I would like to work with you to help you remain off cigarettes for good. Are you willing to make an attempt to quit smoking during this hospitalization?”

➤ **Warm/Empathy and Clear Question**

FOSTERING BETTER EDUCATION IN YOUR PRACTICE SETTING

Office Area

- Are educational materials up-to-date and practical?
- Are walls adorned with posters/materials related to screening, nutritional guidelines?

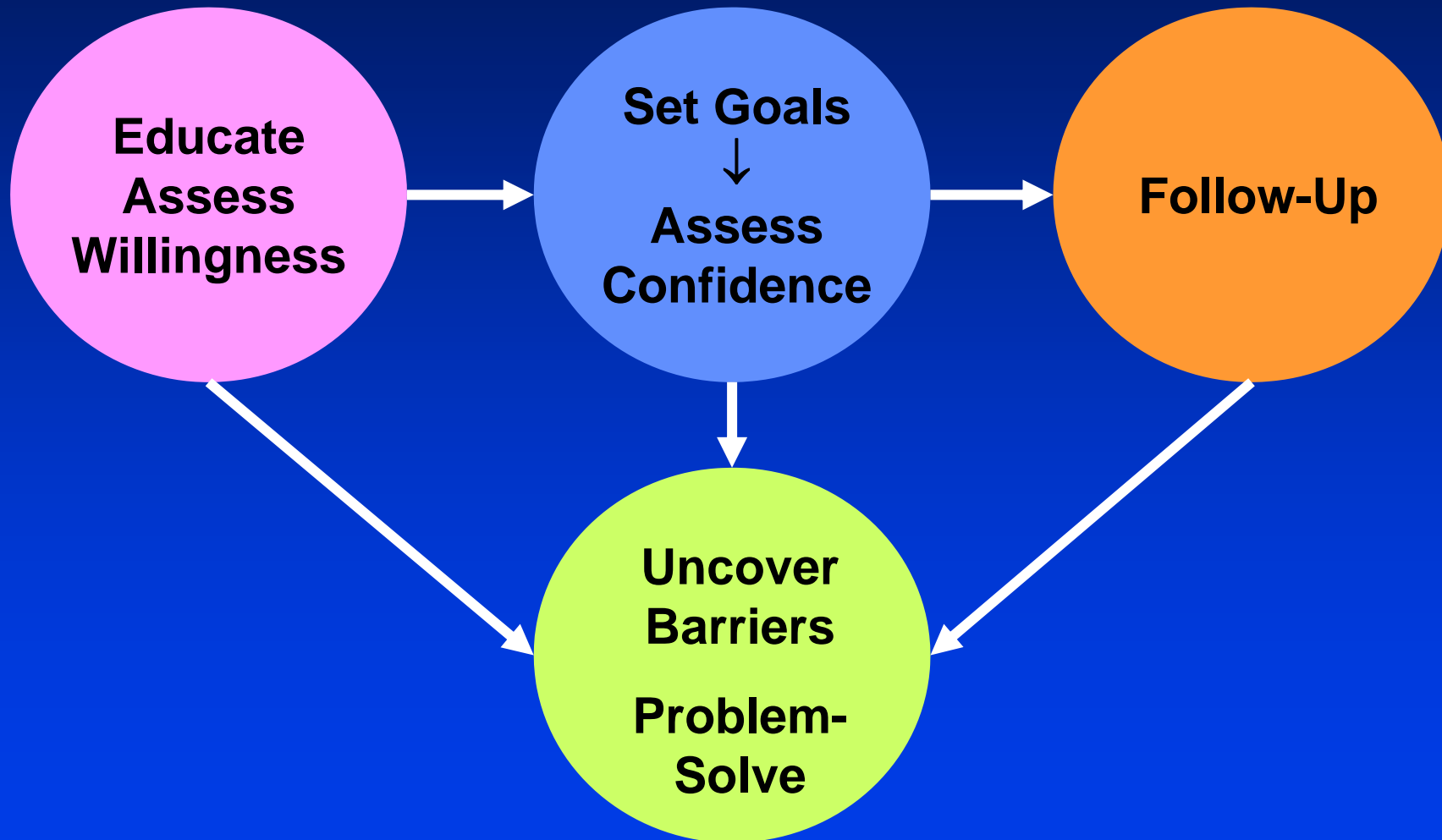
Exam Rooms

- Paper/tablets for important instructions
- Visual aids (tear sheets, models, posters)

Staff

- Training (Appointments, lab tests, RX's, follow-up visits, whom to call/when to call)
- Instruction sheets, brochures, videos, goals, etc.
- Designated staff to maintain educational displays
- Checked the internet for simple educational materials

THE COACHING PROCESS



COACHING SKILLS

“You cannot push anyone up a ladder unless he is willing to climb himself.” *Andrew Carnegie*

Step 1: Educate and Assess Willingness

- Be specific, personal, and positive. Persuasion is a powerful source of building self-efficacy.
- Readiness or willingness
 - “Are you ready to start walking 15 minutes each day?”
 - “Are you willing to attempt to quit smoking now?”
 - If yes → proceed to goal-setting
 - If no → explore barriers

COACHING SKILLS

“A goal properly set is halfway reached.”

Zig Zigler

Step 2: Set Incremental Goals and Assess Confidence

- Be specific: Realistic, measurable, defined time frame
 - “Eat at least 3 fruits and 3 vegetables every day this week.”
- Assess pt. confidence to achieve goals
 - “On a scale of 1 to 10, how confident are you that you can eat at least 3 fruits and 3 vegetables every day this week?”

ASSESSING SELF-EFFICACY

“On a scale of 0 to 10, how confident are you that you can increase your walking from 3 times per week to 4 times a week, starting this week?”

- Can be measured on 0-100 or 0-10 scale
- Visual representation (> 7 likely to undertake behavior)

0 1 2 3 4 5 6 7 8 9 10

Not at
All

Somewhat
Confident

Totally
Confident

SELF-MONITORING: A KEY TO ADOPTION OF HEALTH BEHAVIORS

- **Monitoring helps to determine whether a goal is too high to too low**
- **Tools include diaries, logs, calendars posted in plain view (e.g. refrigerator, exercise bike) to serve as cues**
- **The frequency/duration varies by behavior, but general guidelines apply**
 - **Adoption: Daily for 3 months**
 - **Maintenance: Once/week (3-6 months)**
 - **Lapse: Weekly (1-3 months)**

COACHING SKILLS

Step 3: Follow-Up

- Helps patients to reinforce behavior
- Gives added incentives for follow through
- Checks for adherence
- Stimulates problem-solving
- Builds self-efficacy
- Use EMR/paper record; ask to see monitoring logs
- Assist with problem-solving, setting new goals

COACHING SKILLS

Uncovering Barriers: Use this Skill

- When patients are reluctant or unwilling to change (Step 1)
- Have low self-confidence to achieve a behavior change goal (Step 2)
- Did not attain their goal (Step 3)

Example: “What’s standing in your way?”

“What might prevent you from meeting your goal?”

COACHING SKILLS

Common Barriers

Misinformation or lack of information - Use educational messages or add information about importance of change

Previous experiences - Encourage pt. to challenge themselves despite failed experience

Lack of support - Help pt. to identify resources within health care system, community or circle of contacts

COACHING SKILLS

“The best way to escape from a problem is to solve it.”

Alan Saporita

5 Steps to Problem Solving

1. Identify the problem and reasons
2. Select the main reason and list potential solutions
3. Weigh the pros and cons. Select 1-2 solutions.
4. Try out the best solutions
5. Repeat the process if the initial solutions were not successful

In Summary

- **Health behavior change is accomplished through adequate communication, education and coaching.**
- **Strategies for adopting and maintaining changes in health behaviors require more than one behavioral technique and may be different for various behaviors**
- **Health care professionals must practice skills to adequately help individuals through the change process**