Can We Really Get our Patients to Change Unhealthy Behaviors?

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presented at the 2011 Military Health System Conference, January 24-27, National Harbor, Maryland
BRIEFING OUTLINE

PURPOSE: To improve knowledge base of attendees of how to achieve success for clients needing behavior change

Theories of Human Behavior:
- Classical & Operant Conditioning
- Behavior Modification
- Cognitive Behavior Therapy
- Stages of Change
- Motivational Interviewing

Key Concepts to Improve Permanence of Change
- Just-in-time Learning
- Humans Seek Attention
- Collaborative Goal Setting
- Reference List
First think, then communicate.

Understand determinants of behavior

Understand motivation for behavior

Willingness to commit resources for success

Listen to client

Begin with the end in mind, then keep it in mind

Collaborative goal-setting

Follow the science – use evidence based practice
Classical Conditioning

Gustav Pavlov and his early work with canines

Theory Stimulus Response or Stimulus Stimulus
Learn to associate new stimulus

Aversion therapy
Flooding
Systematic desensitization

*A Clockwork Orange* Alex conditioned to experience extreme N/V paired with violent acts
Operant Conditioning

BF Skinner, 1938 *Behavior of Organisms*
Edward Thorndike and John Watson expanded

Associative Learning – behavior shaped by reinforcement or lack of it
   Basis for all behavior modification

Positive Reinforcement – strengthen behavior
Negative Reinforcement – strengthen behavior
Punishment – weaken behavior
Extinction – weaken behavior
Behavior Modification

Edward Thorndike’s 1911 article *Provisional Laws of Acquired Behavior or Learning*

Joseph Wolpe’s research groups in 1940s-50s
- Increase adaptive behavior through reinforcement
- Decrease maladaptive behaviors through extinction or punishment

Based on principles of learning
- Operant learning
- Respondent learning

Define problem in terms of behavior to be measured
Alter current environment to increase functioning
Behavior Modification

Functional behavioral assessment - context
ABC approach - antecedents, behaviors, consequences

Positive Reinforcement:
   Compliments, approval, encouragement
Affirmation: 5 compliments to every 1 complaint

Extinction
Punishment:
   Time-outs, contingency management
Positive Punishments - Not recommended unless board certified behavior analysis
   Spray bottle of water as aversive event
Cognitive Behavior Therapy

Mental Health Counseling, psychotherapy

Increase awareness of inaccurate or negative thinking
View more clearly
Respond in more effective manner

Learn coping techniques and ways to manage emotions
Resolve relationship conflicts

Manage pain, insomnia, or fatigue and some mental illnesses
Stages of Change

Prochaska (1980s) and DiClemente (3 decades)

Transtheoretical model (TTM) extensive use on smokers
Change process involving progress thru stages:
Precontemplation, contemplation, action, maintenance, termination

Core constructs: stages of change, processes of change, decisional balance and self-efficacy

Weigh pros and cons associated with consequences
Progression requires decisional balance and confidence
Motivational Interviewing

Latest in evolution for assessing and assisting patients for meaningful behavior change

Dr William R. Miller (1983) and Dr. Stephen Rollnick, pioneer work with problem drinkers

Client-centered, directed method for facilitating change
Helps explore and work through ambivalence

Avoid direct persuasion, use quiet eliciting style

Readiness to change not client trait, but fluctuating product of interpersonal interaction

Therapeutic relationship companionship/partnership
Key Concepts to Improve Permanence of Change: Just-in-Time Learning

Avoid information overload

Overview ok, save lengthy discussions for targeted interventions

Pair reinforcement at most effective moments
- Patient appointment reminder systems effective
- Significant events opportune time for intervention
- ARFORGEN cycle presents opportunities
Key Concepts to Improve Permanence of Change: Humans Seek Attention

Use power of attention to improve outcome
Clinician attention and praise powerful reinforcer

Design programs to provide reinforcement

Listen to client to select best methods, appropriate timing

Build in human reinforcement where ever possible

Celebrate success, acknowledge the struggle
Reference List

Key references, landmark studies

References include key targeted disease/illness/behaviors

First learn well the evidence base, next the skill

Partner with those who achieve success

Commit to success = commit to resources
To answer the question, Can we really get our patients to change unhealthy behaviors?

By applying evidence based practice, and following the science, with sufficient resources, we can get our patients to change unhealthy behaviors!