

USING BEHAVIOUR CHANGE TECHNIQUES TO FACILITATE SELF-MANAGEMENT IN CHRONIC RESPIRATORY DISEASE

Self-management of COPD

Investigating Clinical Variation

Leading Better Value Care Program (NSW Health)

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Objectives

- To describe the basic principles of behaviour change
- To demonstrate several behaviour change techniques that focus on enhancing patient motivation, competence and confidence to change
- To apply these behaviour change techniques to interactions with COPD patients

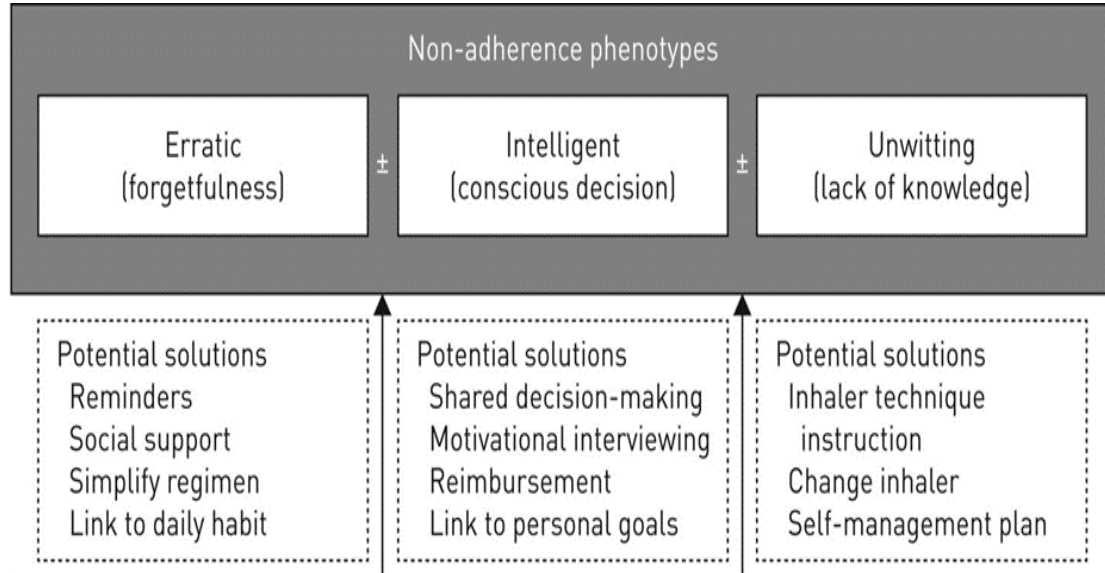
Why talk about 'behaviour change'?

- Despite the availability of effective therapies (e.g. medications, action plans), morbidity and mortality is actually increasing
 - “*Drugs don't work in patients that don't take them*”
(Former US Surgeon General C. Everett Koop)
- To be effective, appropriate therapies need to be offered to patients who could benefit AND patients need to be adherent to those therapies
- Self-management approaches are effective, BUT implicit in such processes is the requirement for a degree of patient behaviour change.
- So patients need to *adopt* certain patterns of behaviour

The challenge of adherence

- *"Adherence is the extent to which a person's behaviour in [taking medication, following a treatment plan] corresponds with agreed recommendations by a health care professional "*
- Patients are not always motivated or willing to follow medical advice, even when there appear to be obvious benefits
- Major contributor to worse clinical outcomes and increased doctor, nurse, health professional fatigue, frustration, job satisfaction etc.
- Non-adherence is the norm amongst people with COPD

Non-adherence phenotypes



Intentional or Unintentional Non-Adherence

- UNA is significantly more common than INA
- UNA – most common cause is disruption to daily routine
- INA – common causes are concerns/doubts about medication; depression also increases rates of INA

Behaviour Change in the respiratory context

- Lots of guidelines.....often didactic although some recent definitions and guidelines acknowledge the necessary role of behaviour change

Background factors when considering behaviour change in the respiratory population

- Ageing and cultural issues effect behaviour change
 - e.g. traditional role of the patient, stoicism
- Comorbidities often ignored; highly prevalent
 - e.g. Mental health issues; cognitive deficits
- Health literacy tends to be lower in this population
 - Non-adherence risk
- Illness perception considerations
 - Personal model of their illness

Torres-Sanches et al 2015 J Bras Pneumol

Roberts et al 2008 Int J COPD

Barnes et al 2009 ERJ

Tiemensma et al 2016 Int J COPD

The NATURE and CONTEXT of the behaviour

- What is the behaviour in question?
 - Select and specify (e.g. frequency, intensity, duration)
- How did these behaviours develop and why are they like this?
 - Why? Contextual factors (e.g. antecedents, consequences)
- What needs to happen for the desired behaviour change to occur?

The Behaviour Change System

- Behaviour change is enabled by:
 - Capability
 - Motivation
 - Opportunity

Capability examples

- Skills
- Knowledge
- Problem-solving

Motivation

- Readiness
- Motivational interviewing

Role of readiness and motivation

- Why bother changing my behaviour?

Stages of Change Model:

Getting a patient to adopt the use of an action plan – what would your role be at each stage?

Stages of Change Model

Concept Definition Application

Precontemplation	Describes individuals who are not even considering changing behaviour or are consciously intending not to change.	Increase awareness of need for change, personalise information on risks and benefits
Contemplation	The stage at which a person considers making a change to a specific behaviour.	Motivate, encourage to make specific plans
Preparation	The stage at which a person makes a serious commitment to change	Assist in developing concrete action plans, setting gradual goals
Action	The stage at which behaviour change is initiated	Assist with feedback, problem solving, social support, reinforcement
Maintenance	Sustaining the change, and achievement of predictable health gains. Relapse may also be the fifth stage.	Assist in coping, reminders, finding alternatives, avoiding slips/relapses (as applies)

Motivational Interviewing: Practitioner and Patient Communication

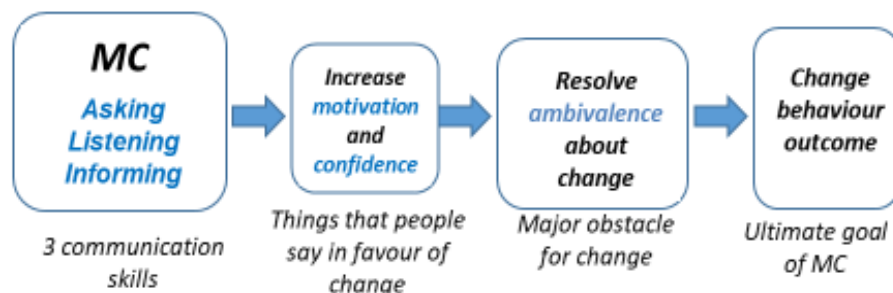
Oversimplified context:

- Patients have symptoms
- Providers diagnose
- Providers treat
 - Technical/specialised
 - Instruction
- Assumptions?

More complicated context:

- Patients have *chronic patterns of health problems or risks*
- Providers diagnose
- Providers recommend *lifestyle changes*

Motivational Communication for behaviour change



"I want to get fitter so that I can do more without getting short of breath, but I hate going to the gym!"



Cognitive Dissonance

Ambivalence

Beware the 'righting reflex'

Action plan: Is this MC?

- “I really tried to find time to fill in my action plan this week, but things were so hectic and I couldn’t find the time. I am really sorry.”
 - *“So where do you think you went wrong and how can we do better this week?”*

Action Plan: Is this MC?

- “I am really worried about my COPD. This action plan might help but I’m too old for this and I don’t know where to begin.”
 - *“Well, I have a few suggestions, but first I’d like to hear about what you’ve already tried, what you liked and didn’t like, and where you think would be a good place to begin.”*

MI principles

- It is the COPD patient's task (not ours) to articulate and resolve his or her ambivalence.
- *“People are generally better persuaded by the reasons which they have themselves discovered than by those which have come in to the mind of others.”* (Pascal, Penses, #10, circa 1660)

Opportunity examples

- Action plan training
- Other self-management skills training opportunities
 - e.g. pulmonary rehabilitation
- System/services context

Carers

- Availability?
- Can be barriers or facilitators in assisting self-management and adherence
- Can identify early barriers and signs of difficulty with self-management and non-adherence
- Inclusion opportunities (e.g. discharge planning)
- Upskilling/literacy
- Roles and responsibilities are a major source of conflict and misunderstanding
- Carer burden and health management must be acknowledged and supported

Maximising your clinical interactions

Consider:

- Rapport
- The nature and context of the specific behaviour in question
- Be aware of the various factors and techniques facilitating behaviour change towards more effective self-management
- Assessing readiness
- Motivational interviewing skills
- Tailoring and applying strategies in order to maximise the likelihood of behaviour change (consider capability, motivation and opportunity)

It is part of our role to be a change agent