

Can We Really Get our Patients to Change Unhealthy Behaviors?



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Report Documentation Page

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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!



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