Creating change in behaviour

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Misconceptions about the real world

- 1st Misconception: There is such thing as a real world….
- So; Adjust your communication strategy accordingly and *really* put yourself into other people's shoes to share their world.

- What Colour is this?

Decision making

- You can create major change in behaviour without *knowledge* and *motivation*.
- Decisions are made in two cognitive/brain systems:
  - System 1: Fast, automatic, uncontrolled, intuitive, sub-conscious and requires low energy expenditure (by far the majority of decisions are made here).
  - System 2: Slow, reflective, controlled, conscious and requiring high energy expenditure.
- Complete this: **"It's raining cats and …[?]."** **System 1 activation….**
- 'How many of each animal did Moses take on the Ark?'

The four Steps of Changing Behaviour

- 1. Define the Desired Behaviour.
- 2. Barrier Analysis.
- 3. Design Your Solution.
- 4. Test Your Solution.

Step 1. Define the Desired Behaviour

- If you are not crystal clear on how the desired behaviour looks, you will accomplish nothing.
- Sounds simple but is often the hardest part of the process because we have been conditioned to think that abstract concepts are somehow more refined that tangible steps.

Be specific about the desired behaviour you *want*

- 1. If the behaviour you want is made tangible and specific it is easier to identify and remove barriers to people behaving as you want.
- 2. If the behaviour you want is intangible and abstract, trying to execute it requires huge system 2 efforts.
- 3. It is a misunderstanding that:
  - increasing choice = more freedom and that;
  - because freedom is good, more freedom is better and that;
  - it is ‘empowering’ to delegate and ‘offer’ choice/discretion to our patients in most situations.

The negative side effects of too much 'Jammy' choice:

- Free Jam samples to see how many customers bought jam under different conditions:
  - 24 Flavours on the shelf & for taste test: Fewer than 3% of tasters purchased.
  - 6 Flavours on the shelf & for taste test: Fewer people tasted but 30% of tasters purchased.
  - To much choice: No choice at all is made/status quo maintained.
- Jam or healthcare: Well-intentioned delegation of discretion regarding choice, paradoxically, often paralyze and reduce likelihood of action by patient.

Negative side effects of too much choice – The paradox of choice

- 1. Paralysis: System 2 engine overheats and we take no action.
- 2. Opportunity comes at a cost – with lots of choice we focus on lost opportunities (I'll never get to taste the blueberry if I have the strawberry jam): So; we do nothing and if we *do* act we are less satisfied with our choice.
- 3. Responsibility: With multiple choices we become dissatisfied with the results of our action and blame ourselves: *I could have chosen better jam from that massive range*!
- **Result: Every time that Physio turns up with all her ideas and suggestions I end up feeling miserable so I'm not working with her!**

Step 2 – Barrier Analysis (briefly)

- In step 1 you defined the desired behaviour so now you know exactly what you want people to be doing.
- The next step is to find out why they are not already doing what you want them to do?
- The method to do that is usually called ‘Barrier Analysis’.
- Multiple methods are relevant: Observational is key in ICU – speak to all staff about what they see the patient do, when, how etc.

Where to start?

- Language: How do they speak about the problem? What words do they use?
- Context: Where/when does the behaviour take place and why there/then?
  - E.g. Is it only when relatives or specific staff are present etc?
- Reported Barriers: What do the involved people consider the biggest obstacles?
- Underlying rationales: What reasons do they give to explain their behaviours?
- Environment: What effect does local environment, such as layout of interior and equipment, have on the behaviour?

Step 3 – Design your solution

- **Core principles:**
  - Simplicity Trumps Motivation (a lot of the time we don't act according to high values or even fundamental beliefs but only when it's convenient to act).
  - Remove Any friction that prevents the desired behaviour. Make it easy!
  - E.g.: What determine whether a married couple divorce?

Design your solution (Cont.)

- Core principles (Cont.):
  - Add friction to the unwanted behaviour:
    - Divorce rate increased by 300% within a year when Denmark introduced ‘Click to split’.
    - Danish peoples’ party made it’s removal a condition for supporting the government and the rate went down again.
    - So consider how important getting a divorce is for an individual and note that ‘friction’ is relevant even when you are giving people really good, sensible advice on how to improve their health – rationality is only a small part of how we make decisions also on vital choices!
    - Same as ‘poka yoke’ in LEAN terminology. Blue light in toilets, remove seats and play loud music on isolated train stations etc.

Design your solution (Cont.)

- Core principles (Cont.):
  - Make No Choice your Choice: - e.g. If you don't opt-out you are enrolled in the pension plan.
    - If you are designing to trigger a change to the status quo bias (i.e. change is to most people as swimming is to cats… they can do it if they absolutely have to…) it is usually helpful to include a default rule.
    - So, at 3.30pm we are doing XYZ on this unit…. It just is that way.
  - Use the Moment of Power:
    - Timing is everything. So don't implement change when it's 'ready to go' – that time is arbitrary for your recipients.
    - Find your recipients' moment of top positivity/motivation/ power.

Use the Moment of Power = point of max likelihood of changing

- <u>When there are other major changes:</u>
  - When changing jobs (major) you are more willing to change other (minor) things such as using certain PPE etc.
  - We should focus a lot more effort on getting change into bundles of change.
  - So; get in the slipstream of other change (counter-intuitive perhaps? Don’t want to overwhelm people?).

Design your solution (Cont.)

- Core principles (Cont.):
  - Make it a habit. All habits work in a reinforcement loop like this:
    - A Cue (times of day, places, presence of certain people, thoughts in your head, emotions etc.).
    - A Routine (*A follows B every time*) and then;
    - A Reward which makes future response to cues more likely (So work out what the patient enjoys and do that immediately and consistently after they perform desired behaviour – and only then!

    The reward is what maintains the loop.

    - **Note:** Cue disruption is easiest when we are in new place/situation: E.g.: fresh start of moving to new bedspace followed by change to regime.

Design your solution (Cont.)

- Core Principles (Cont.): Make it Human/Leverage Social Proof:
  - We typically copy the norm because we are comfortable being part of the norm and if we can identify with others we also put great value on the choices they make:
    - System 2 methods have failed to change this and Government set the 'Nudge' unit a challenge to reduce the use of antibiotics by 1%
    - Nudge unit in No 10 identified the top 20% prescribers of antibiotics in London/SE and wrote a letter with this wording: "*The great majority (80%) of practises in your area prescribe fewer antibiotics per head than yours*".
    - Resulted in instant reduction of 3.3% during the 6 month study period where the 800 practises issued 73,000 fewer prescriptions.
    - Move a patient next to two patients who engage/comply well?

Word of warning on Social Proof

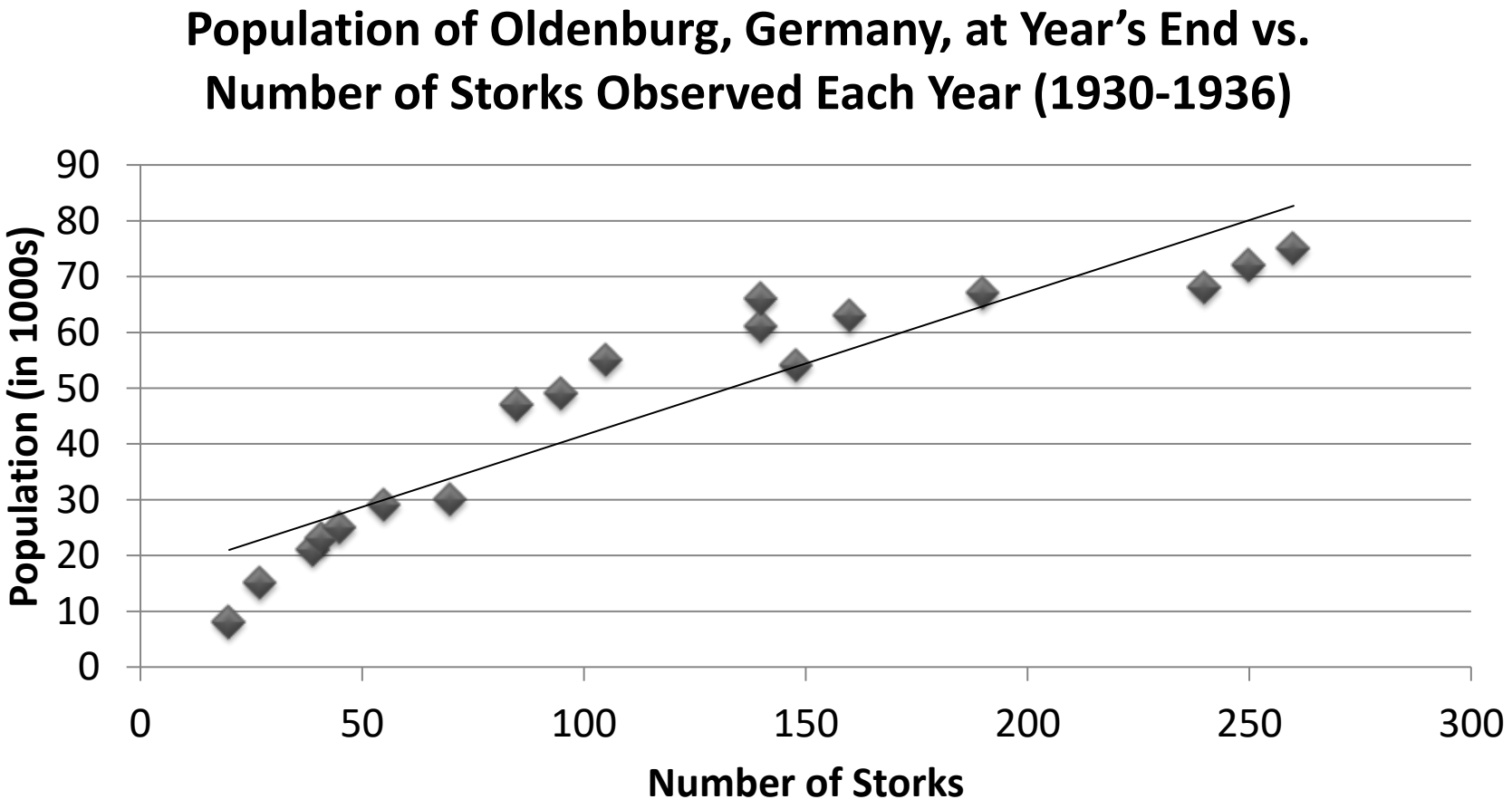
- **Beware Negative proof; Snookie and her Gucci bags – we want Culture Bearers to be our focus and role models but make sure your recipients identify with the Social Proof.**

Step 4 – Test/monitor Your Solution

- A test is always needed. But keep it simple:
  - Just record what you do, see and what behaviour change you get.
  - Is it working? If not; stop it.

Step 4 - Test Your Solution – Frequent problems and their solution

Mixing up correlations and causality:



MOTIVATIONAL INTERVIEWING

With thanks to Dr Jessica Dean, Consultant Clinical Psychologist in Renal Services

Often in healthcare we resort to telling our patients what to do and what not to! This is <u>not</u> in keeping with the philosophy of shared decision making.

"Motivational Interviewing uses a guiding style to engage with patients, clarify their strengths and aspirations, evoke their own motivations for change and ***promotes autonomy of decision making****"*

Rollnik et al. (2010)

MI is collaborative in nature.

It involves communicating in a partner like relationship.

It seeks to create a positive interpersonal atmosphere where the drawing out of motivation or choice is encouraged.

Responsibility for change (or choice, but not too much remember!) is with the patient.

Change or decisions arise from within, rather than being externally imposed.

It honours patients autonomy.

5 KEY PRINCIPLES OF MI

1. **Clarifying Contracts**
2. **Expressing Empathy**
3. **Developing Discrepancy**
4. **Rolling with Resistance**
5. **Supporting Self Belief**

CLARIFYING CONTRACTS

CLARIFYING CONTRACTS

"A good guide first finds out where the person wants to go…"

Before embarking upon a conversation with a patient about treatment possibilities it is important to first gain some insight into the patients own views, beliefs, expectations and experiences

One way of doing this is to set an agenda at the beginning of your conversation.

AGENDA SETTING

Agenda setting refers to a brief discussion (at the beginning of a conversation) in which the patient is given as much freedom and control as possible as to what is covered in the discussion while also clarifying what it is that you would like to discuss with them.

It is usually wise to start with the patients' perspectives or preferences.

The control is given to the patient while still setting out clearly what your own agenda is in the discussion.

Different ways of phrasing questions / statements

I have come to talk to you today about… **(offering no choice)**	Would you like me to give you some information today about…? **(offers a choice)**
I think…would suit you really well **(telling patient)**	How well do you feel…would suit you? **(asking)**
Doing…makes you much more… **(your opinion)**	Do you think you would feel more…if you were to…? **(seeking patients opinion)**
I am sure you are able to cope with… **(assuming)**	How confident do you feel about…? What makes you feel that way? **(enquiring)**

EXPRESSING EMPATHY

WHAT IS EMPATHY?

To sense a person's world as if it were your own. To sense the person's anger, fear or confusion but without your own anger, fear or confusion getting bound up in it.

(Carl Rogers)

How do I express empathy?

Don’t say anything at all, just listen!

Ask them questions to make them tell you more about their experience

Listening is not just about staying quiet until someone stops talking, the secret is to make them *feel* that you are listening. You achieve this by being attentive and summarising what the patient has said every now and then.

NON-JUDGEMENT

- **Being empathic is about not imposing one's judgment on the other person**
- **Empathy is about seeing the situation with the other person's eyes**
- **Being non-judgmental can be difficult if your role is to tell the patient things they might not want to hear.**
- **Try to understand and consider how the patient might feel about this and how we might deliver this information in a way that is sensitive and respectful (give an example).**

BODY LANGUAGE

- If you look and feel relaxed people will feel relaxed talking to you.
- Use an open body posture
- Try to sit/stand at the same level as the patient if you can
- Give the patient plenty of time

SELF CARE

- In order to be empathic towards others you need to first be empathic towards yourself

ROLLING WITH RESISTANCE

RESISTANCE

- Resistance is when the patient and you work AGAINST each other.
- The practitioner is telling the patient what they SHOULD/SHOULD NOT be doing and the patient is telling the practitioner lots of reasons why they are not going to!

ROLLING WITH RESISTANCE

"Rolling with resistance" means that instead of opposing the patient you examine the concerns that they have raised.

Do not challenge statements of resistance.

Instead, further examine their view of why they feel that way or have that belief.

Using this technique means that resistance tends to decrease rather than increase as argumentative statements are not reinforced.

HOW TO RECOGNISE IF YOU'RE ENCOUNTERING RESISTANCE?

- Defensiveness
- Patient interrupts you
- Arguments
- Patient ignores you

SO WHAT DO I DO?

1. Change your behaviour!
2. Listen more to the patient.
3. Reflect back what the patient tells you.
4. Examine why patient believes what they're telling you.
5. Emphasise personal choices and control.
6. Gently highlight discrepancies in what the patient tells you

Guided or ‘Socratic’ Discovery

- The aim is to help guide the person coming to you for answers through the maze of contradictions inherent in most plans, then what you’re left with is the best course of action.
- By answering questions and reflecting on our own thinking a range of alternative thinking can be opened up.
- Put simply, it’s about using questions to help them work out their own answers.
- Powerful stuff: Socrates was condemned to death without ever telling anyone what to do.

Socratic Questioning
(watch Columbo)

Concise, directed, and clear	The attention remains on the person coming to you and you should avoid jargon and aim to reduce confusion.
Open, yet with purpose	The person is invited to actively engage, with a clear rationale behind each question.
Focused but tentative	The focus is on the issue under discussion, yet does not assume the client has the answer.
Neutral	The questioning does not suggest there is a correct or preferred answer.

Types of Socratic questions

Question Type	Examples
Clarification	What do you mean when you say X? Could you explain that point further? Can you provide an example?
Challenging Assumptions	Is there a different point of view? What assumptions are we making here? Are you saying that….?
Evidence and reasoning	Can you provide an example that supports what you are saying? Can we validate that evidence? Do we have all the information we need?
Alternative viewpoints	Are there alternative viewpoints? How could someone else respond, and why?
Implications and consequences	How would this affect someone? What are the long-term implications of this?
Challenging the question	What do you think was important about that question? What would have been a better question to ask?

SUMMARY AND CONCLUSIONS

When discussing treatment options/choices with patients we need to use a communication style that encourages control, autonomy and involvement, while still ensuring that we are providing patients with all the information they need .

There is a need for an approach that goes beyond simply instructing patients or information giving

M.I. techniques offer a way of facilitating conversations with patients about decision making and change, while still empowering them and empathising with their situation.

M.I. is a skill that develops with practice

NICE National Institute for Health and Care Excellence

Questions and Reflections

- **What have you found most helpful today?**
  (notice that I'm not given you a choice I don't want an answer to….)

- **Which parts from today do you feel you will be able to take away and apply to your practice?**

- **Any final questions or reflections…**