Behavioral Skills Training

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Introduction

Patients' adherence with many lifestyle changes and medications hovers at only 50% per year.[1,2] Improving patient-provider communication and education and behavioral skills enhances patient adherence. Moreover, multi-component strategies appear to be more effective than single interventions in helping individuals change behavior. While maintenance of behavior change is difficult, it is encouraging that more than two-thirds of the U.S. population is attempting to make lifestyle changes such as limiting salt, fat, and cholesterol and getting regular exercise.[3]

Meta-analysis of controlled trials of cardiac education show the success of interventions related to diet, exercise, smoking, blood pressure, medication adherence and stress. The most successful programs incorporated close to 10 hours of contact time extending over 10 or more visits. More than 50% of successful programs used at least two interventions, including self-monitoring and some form of social support. More than 75% of the successful trials included behavioral skills rather than an exclusive focus on imparting knowledge.[4]

Various theories and models of health behavior change underlie cardiovascular risk reduction. These include social learning theory[5] the most widely used theory known to help individuals change health behaviors; the trans-theoretical model (stages of change) to assess readiness;[6] relapse prevention training for the addictive behaviors of smoking, alcohol and obesity;[7] and motivational interviewing that enables the counselor to be guided on appropriate communication skills.[8] However, these theories explain only about 30% of the variance in predicting change in patient's behavior.[9] Two additional factors are key: the elements of applied behavioral therapy and the continuous quality improvement process.

For many years behavioral scientists have used a combination of 11 strategies to support the change process. These strategies include setting positive expectations about results, precisely defining behaviors, setting realistic goals, using contracts or written agreements, training around relapse prevention to help individuals with lapses in behaviors, modeling the desired behavior, feedback about progress, problem-solving, finding cues and prompts for helping to remember medications, self-monitoring, rewards, and encouraging social support.[9] The choice of these elements varies from one behavior to another. For example, cues and prompts are most important for enhancing medication-taking behavior as the most common reason for non-adherence is due to patients forgetting their medicines. Relapse prevention is the most critical element of behavioral therapy for smokers who lapse and smoke a cigarette or entirely relapse in the early days following a quit attempt. For weight control the self-monitoring of foods and weight are especially salient. Social support from a buddy in a weight loss program or from a family member or friend provides additional benefit. Problem-solving and self-monitoring are applicable to most behaviors and should be applied in the early stages of helping individuals to adopt lifestyle changes. A combination of two or more of these elements fosters success in the adoption and maintenance phases of health behavior change.[4]

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Continuous quality improvement (CQI) fosters health behavior change. Why is this so important? Adherence is increased when health care professionals provide feedback to patients on progress toward their goals. An evidence-based practice incorporating adherence monitoring at every visit, and flagging of the electronic medical record, enhances clinician's capability to facilitate the change process. The CQI process is facilitated by multi-disciplinary teams with champions, provider training, feedback offered to staff, and guidelines and protocols.[10] Quality improvement programs such as the American Heart Association's Get with the Guidelines[11] utilize a continuous quality improvement process to ensure that patients receive the appropriate lifestyle interventions and medications prior to hospital discharge.

Skills for the Individual Practitioner

Helping individuals change their behavior requires health care professionals to become communicators, educators and coaches - not just one but all three. These important skills of communication, education, and coaching are more fully described below.

Communication

Four communication skills, active listening, warmth and empathy, open-ended questions, and interactive communication provide the basis of motivational interviewing and a patient-centered approach. These four skills facilitate data gathering (through active listening and open-ended questioning), relationship-building (through warmth and empathy) and partnering (interactive communication).

On average, physicians redirect a discussion as soon as 23 seconds into the patient's opening statement of concerns within an office visit. Once redirected, patients rarely come back to important information that remains uncovered.[12] In a study of active listening where patients were not interrupted, patients took an average of 92 seconds to express their concerns at the beginning of a visit.[13] Active listening involves (1) refraining from asking questions immediately while individuals are sharing concerns or information, (2) responding by checking your understanding of what is being said by patients and (3) being attentive to patients' verbal and non-verbal behavior. According to the World Health Organization, warmth and empathy from health care professionals are central determinants of patients' adherence.[14] Warmth and empathy convey concern and interest, ease anxiety and build trust and satisfaction. These skills are conveyed through asking patients to share their concerns about changing health behaviors, acknowledging emotions and providing non-verbal cues. Suggestions for undertaking these skills and those noted below are shown in Table 1.

Open-ended questioning facilitates communication about adherence to medications and other lifestyle behaviors. This is especially important when patients' physicians spend on average 3.94 minutes (20-25% of office visit time) discussing medications, asking on average 9 yes/no questions.[15] The use of yes/no questions is especially ineffective for low-literate patients. They nod "yes" even when they don't understand. In contrast, two key words that facilitate change are "what" and "how." As shown below, open-ended questions that can help to detect and prevent medication problems and improve adherence include the following:

"What types of problems have you had with your medicines?"

"How do you remember to take your medicines?"

"Many people forget to take their medicines at one time or another. How many times have you missed a dose of your medicine (s) over the past week?"

The fourth communication skill, interactive communication, involves improving your understanding of what a patient is saying. More than half of the American adult population has difficulty in understanding health care instructions.[16] All too often individuals leave an office setting or hospital with an inadequate understanding of their diagnoses and treatments. Misunderstandings are also compounded by health care professional's use of unfamiliar medical terms, and the social, cultural and educational differences between patients and providers. As shown

Table 1. Examples of communications skills for health behavior change

ACTIVE LISTENING

MD: Hello, Mr. Jones. It's been two months since your surgery. How are things going?

Mr. J: Pretty well, Except that I feel tired a lot . This has occurred since I've gone back to work. **(Goal: Encourage pt to continue rather than address first concern.)**

MD: Go on

Mr. J.: In the evening I fall asleep in front of the television right after dinner. I don't feel I have the energy I did before surgery. And, I'm not exercising like you told me.

MD: (Nods silently) **(Goal: Affirm with nod; use silence to elicit more information)**

MD: I see. (pause) What else. **(Goal: Continue to affirm and prompt more)**

Mr. J: I think I may be getting depressed again.

WARMTH AND EMPATHY

RN: You'll be going home from the hospital tomorrow. How are you feeling about that? **(Goal: Draw out emotions)**

Mrs. J.: Well, I'm really not sure how I'm going to manage. I'm pretty overwhelmed and nervous that I'll start smoking again.

RN: Yes, I understand that you have a lot to remember and to do. What's your greatest concern about slipping and having a cigarette? **(Goal: Acknowledge the emotion and ask pt to elaborate.)**

Mrs. J.: You know I'm going to go home with my son and I don't want to be a burden on him. He also smokes and I really worry that I will pick up one of his cigarettes.

RN: It sounds like you have some anxiety here. I have spoken to your son as well about making sure that he supports you in your effort to quit smoking by not leaving cigarettes around or smoking in front of you. He seems very supportive. Is this helpful to you? **(Goal: Offer reassurance and problem-solving to ease fears.)**

OPEN-ENDED QUESTIONS

Q: Tell me what you are doing to help you lose weight?

A: I've been biking 3 times per week and eating more fish than beef

Q: What do you think is preventing you from exercising regularly?

A: I really get bored easily and can't find the time to walk.

Q: I understand. **What** exercise do you think you might enjoy?

A: Well, I used to ride my stationary bike all the time and think that might be better for me.

INTERACTIVE COMMUNICATION

1. Ask pts to repeat by important information and instructions in their own words:

MD: Mr. Jones, can you tell me in your own words why it is important to control your high blood pressure.

Pt.: Well, I understand that if my blood pressure is not controlled I can get heart disease or have a stroke.

MD: That's correct. And we also talked about the fact that high blood pressure can cause kidney disease and damage to your eyes.

2. Ensure you summarize at the end of a visit to improve patient recall

MD: So you don't have problems undertaking an exercise program can you tell me in your own words what you need to do to carry out your exercise sessions? Or

MD: To make sure my explanation was correct, can you tell me what you should do to safely undertake your exercise sessions?

in Table 1, interactive communication involves checking a patients' understanding of information and providing clarification or reinforcement as needed. Two skills contribute to interactive communication including the repeat back/clarify/repeat back method to check understanding, and asking a patient to summarize the discussion at the end of a visit to check the patients understanding.

Education

Sydney J. Harris once said, "The whole purpose of education is to turn mirrors into windows." Physicians, nurses, cardiac rehabilitation specialists, nutritionists and other allied health individuals need to be educators. Patients' ratings of how well their physicians provided information about their illness and treatment were very important as predictors of the success in diabetes self-management.[17] Effective messages around health behavior change can often be provided in 1-3 minutes. The impact of these messages is enhanced by limiting content to one or two key facts, tailoring the message for a given patient, and being clear and directive. An example of such a message around smoking is provided in Table 2. Educating also involves capitalizing on teachable moments such as at the end of an office visit in which new information was conveyed, when a lifestyle change is recommended, or when starting a new therapy or treatment. Finally, education around health behavior change includes ensuring that all members of the office staff provide up-to-date educational information for family members and friends, use visual aides in exam rooms, write down important instructions, and cover walls with posters and materials that promote healthy practices.

Coaching

Fewer than 25% of American adults eat the recommended servings of fruits and vegetable; only 31% engage in regular physical activity; 21% smoke cigarettes, and 65% are overweight or obese.[18] Coaching is an interactive process that involves give and take between the healthcare professional (coach) and the patient. As shown in Figure 1 the Stanford Cardiac Rehabilitation Program developed programs to assist individuals to change behavior and have identified three steps in the coaching process. The first step involves a brief, personalized message involving persuasion, one of the elements of building self-efficacy, an important component of social learning theory.[5] Examples of critical statements to help individuals are shown in Table 3. Part of the process of step one also includes assessment of patients' readiness or willingness to change. Research indicates that using a simple yes/no question can accomplish this task which is also to encourage patients to think and talk about behavior change.[9] The transtheoretical model or what is known as stages of change may also facilitate the steps of assessing readiness.[6]

Step 2 in the process of coaching involves setting incremental goals and assessing patients' confidence to

Table 2. Education around smoking cessation

A 1-3 minute message

Giving up cigarettes is the single most important thing you can do for your health. ***(clear and directive)***

Smoking decreases the amount of oxygen that is carried in the blood to your heart and other parts of your body. ***(key information)***

Your chest discomfort (angina) is caused by a lack of blood flow to your heart muscle. Continuing to smoke is likely to cause you more chest discomfort. ***(tailored to the pt.)***

I would like to help you remain off cigarettes for good. Are you willing to attempt to quit smoking now? ***(supportive)***

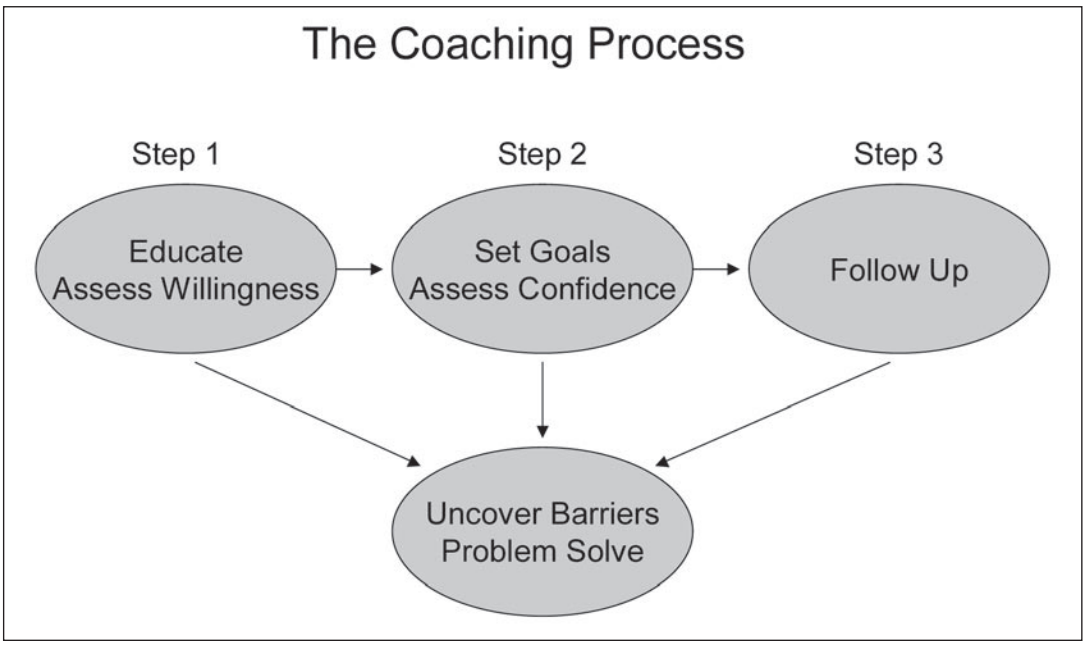

Figure 1.

Table 3. Critical opening statements

Losing 10 pounds over the next 3 months will help to lower your cholesterol and blood pressure and will better control your blood sugar. This weight loss may also lessen your need for medication.

Walking at least 15 minutes every day at a moderate pace can reduce your risk of heart disease by as much as 30-40%.

Limiting your daily alcohol to one glass of wine will help to lower your blood pressure and make it easier for you to lose weight. Wine has over 100 calories per glass.

Keeping your portion sizes to the size of your fist is one way to help you control how much you eat. You can look at your plate to see if you have the right portion sizes.

make a change. Goals must be specific, measurable and within a time-frame. Examples of measureable goals include "Can you…

> "Walk at least 10 minutes on level ground at 2 miles per hour every day for the next seven days."
> "Eat at least 3 different fruits and 3 different vegetables every day this week."

Assessing patient's confidence to achieve these goals is accomplished by using a self-efficacy scale measured on a scale of 0-100 or 0 to 10 as shown below. Responses of 70 or greater on a scale of 0-100 or 0-7 (scale 0-7) indicate a good chance of success in undertaking the behavior. Ratings invite exploration if lower. It is useful to explore barriers by asking the question: "Why is your confidence a 3 instead of a 5?"

0	1	2	3	4	5	6	7	8	9	10
Not at all Confident					Somewhat Confident					Totally Confident

As people adopt new behaviors one of the most important keys in helping them achieve their goals is to ask them to self-monitor their behaviors. Self-monitoring tools include diaries, logs, calendars, placed in plain view such as on a refrigerator, next to the bed, or on a kitchen table.[9] Daily self-monitoring is useful during the first three months of adopting new behaviors. During maintenance the frequency may be reduced to weekly for a period of 3-6 months. Self-monitoring should be reinstituted if individuals lapse into old behaviors.

Step 3 in the process of coaching for health behavior change involves follow-up by telephone, mail or through visits. This gives individuals the impetus and motivation to continue change. Goals for patients should be recorded, patients asked about their progress, and a problem-solving approach reinstituted when goals are unmet. Unmet goals may require assisting patients to develop new goals.

As shown in Figure 1, at any step in the process of change, patients may need to deal with barriers. This involves a problem-solving approach. Coaching questions to uncover barriers when patients are reluctant to change include queries such as:

"What's standing in your way" or "Your confidence seems low. Can you tell me why?"

Three of the most common barriers include misinformation or lack of information, previous experiences that have been negative for patients, and lack of support. Providing key educational messages to individuals needing more information, supporting individuals to move beyond negative experiences, and helping them to find support resources in the health care system, within their community or existing circle of family and friends all promote success. A problem-solving approach is important in addressing when difficulties of health behavior change occur. Key steps in this process include: identifying the problem and possible reasons for it, selecting the main reason and listing solutions, weighing the pro's and con's of each solution and selecting one or two solutions to try, attempting the solution, and repeating the solution if the initial solution is not successful.

In summary, helping individuals to change their behaviors requires that health care professionals improve their skills in communicating, educating and coaching. These lessons will not only help us to help our patients but may better serve our skills in facilitating the change process.

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