


Tribal/Urban Indian Local Dental Pilot Project

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CRIHB

The California Rural Indian Health Board, Inc.



Care Coordination Training: Behavior Change Theory

Your Experience with Behavior Change

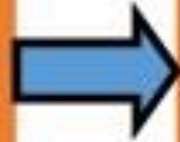
Let's reflect on our own experiences with behavior change.

- ▶ Think of a behavior you have tried to change.
- ▶ What motivated you to change your behavior?
- ▶ Was it easy to make changes?
- ▶ Did change happen all at once?
- ▶ What factors supported your change?
- ▶ What got in the way of success?
- ▶ Were you able to maintain your change over time?
- ▶ Did you ever relapse or return to the old behavior?
 - If so, what influenced this?
 - How did you feel when you relapsed?
 - Were you able to try again? How? What helped?

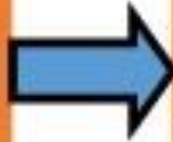
Definitions

- A **behavior change** is simply changing a behavior, e.g. reducing the amount of sugar in one's diet.
- A **habit** is a behavior that becomes automatic, e.g. daily brushing.
- In order to get a person to turn knowledge into action (behavior change), we first must change a person's values regarding the behavior. **Values** are the ideas and beliefs a person possesses that influence behavior. How easy do you think it is to change someone's values?

Provide effective
dental health
education



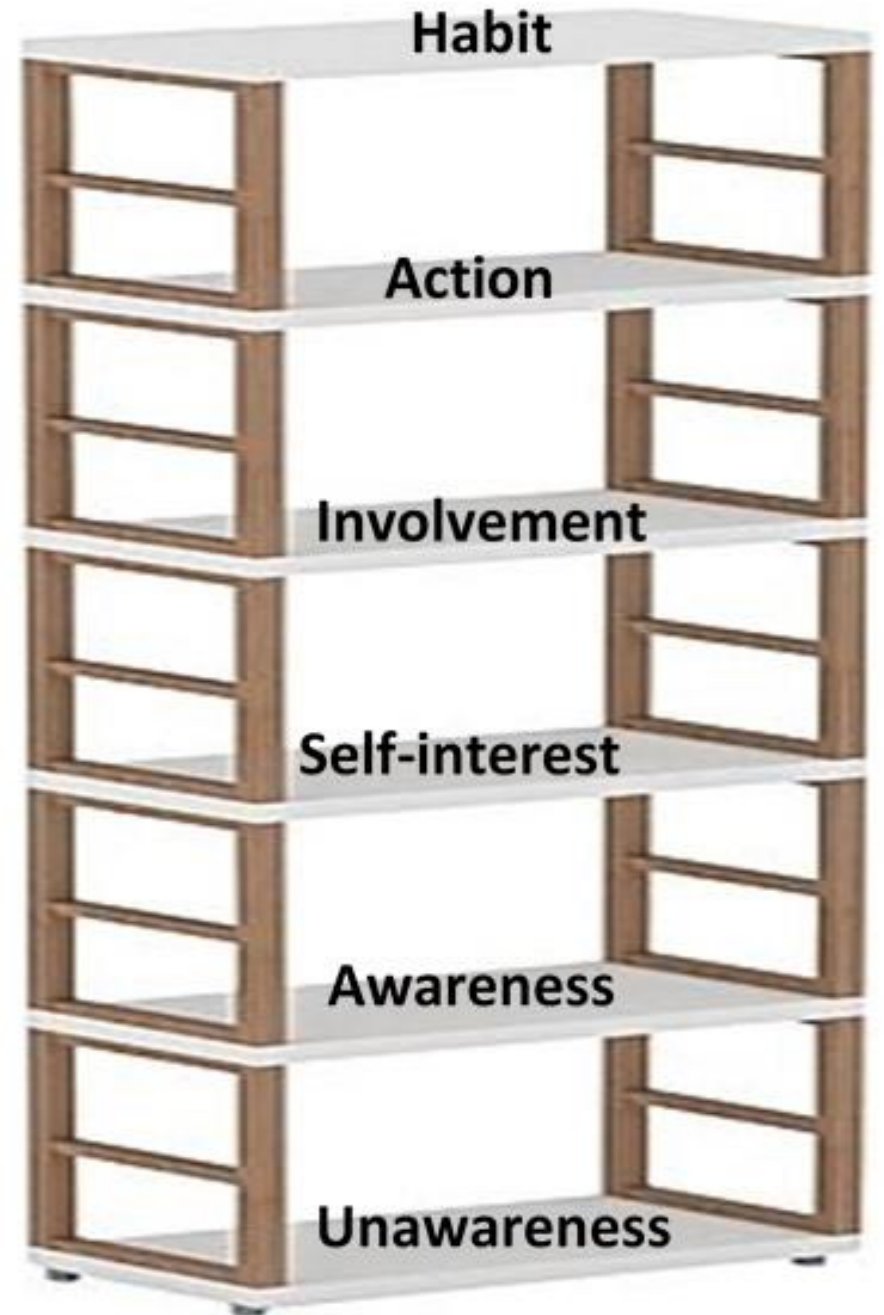
Change values
aimed at
improving health



Healthy
behaviors

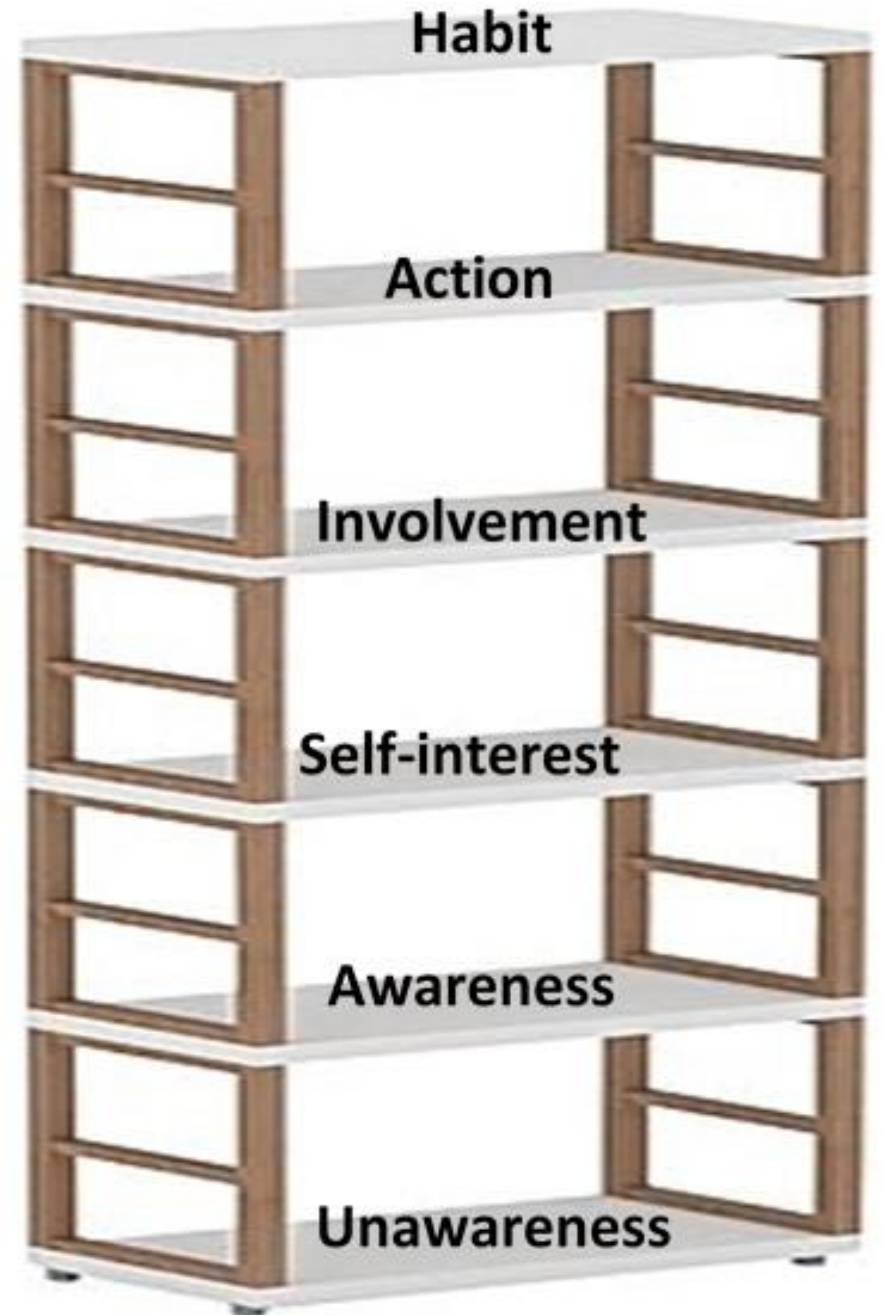
Stages of Learning Theory

- **Habit:** a behavior becomes automatic
- **Action:** the person makes a change
- **Involvement:** the person becomes involved in the solution to the problem
- **Self-interest:** the recognition of what's in it for them personally
- **Awareness:** when education is provided
- **Unawareness**



Stages of Learning Theory in Action

- ▶ **Habit:** regular toothbrushing and dental visits
- ▶ **Action:** initiating the behavior—brushing the teeth or visiting the dentist
- ▶ **Involvement:** seeing the *possibility* of affecting the situation—brushing the teeth or visiting the dentist
- ▶ **Self-interest:** avoidance of pain, speech, appearance, etc.
- ▶ **Awareness:** beginning decay on a child's front tooth
- ▶ **Unawareness**



Stages of Learning Theory

- Assessing a person's stage allows you to tailor your instruction or intervention to the stage the person is in.



Factors Related to Behavior Change



Individual Factors

- Emotions, such as embarrassment, shame, guilt, fear
- Dependency—economic or emotional—on others
- Lack of confidence in the ability to succeed
- Self-defeating thoughts
- Knowledge relevant to behavior change
- History—what has happened before—including history of successful or unsuccessful behavior change
- Long-established patterns of behavior
- Lack of education
- Low health literacy
- Income level

Level of Family Support



Neighborhood and Community Factors

- Sense of belonging to a community
- Availability of community resources—health and social services, good schools, churches, affordable and healthy food, public transportation, affordable housing
- Support from health professionals
- Community norms and expectations



Societal Factors

- Government policies, including those concerning access to services
- Corporate promotion of products such as fast food, tobacco, and alcohol
- Natural events, such as wildfires or earthquakes





Common Mistakes in Attempting to Facilitate Behavior Change

Mistake #1: Relying on Information Alone

- Don't assume that if you provide the information, the patient will just apply that information to change their behavior.
- Information is NOT motivation!
- A patient doesn't necessarily lack information. There may be other factors influencing their behavior and getting in the way of successful behavior change.

Mistake #1: Relying on Information Alone

- We should not rely on providing information alone because:
 - It is unlikely to result in lasting behavior changes.
 - It assumes that the patient doesn't have complete or accurate knowledge about the health issue. **It's important to assess what they already know before launching into education.**
 - You would be dominating the interaction without leaving space for the patient to share knowledge, questions, concerns, and ideas.
 - It minimizes the other challenges to changing behavior.
 - The patient may feel “talked-down” to, particularly if you don't take time to find out what s/he already knows and wishes to talk about the challenges of changing the behavior.
 - The patient may feel frustrated by the encounter and less likely to return or accept your recommendations.

Mistake #2: Giving Advice

- ▶ This is when you advise clients about what they should or shouldn't do, or what they should think or feel.
 - ▶ “If you haven't taken her to the dentist yet, you should go there immediately. Let's call them right now to make an appointment.”
 - ▶ “You shouldn't feel embarrassed about it. It's just a natural part of life.”
 - ▶ “You need to brush her teeth every night, regardless of the circumstances.”
 - ▶ “I would never let my child go to bed without brushing his teeth first.”
 - ▶ “I think you should....”



Mistake #2: Giving Advice

- ▶ We should not give advice because:
 - ▶ It is unlikely to result in lasting behavior changes.
 - ▶ It assumes that your patients cannot make informed decisions for themselves about what to do to promote their or their child's health. It assumes that they require an "expert" to guide them.
 - ▶ It may undermine their autonomy and sense of competency. It fosters a dependence on others.
 - ▶ Most people do not like to be told what to do. That approach may cause them to lose trust in and respect for health care providers and could result in them avoiding services in the future.

A word of
advice, don't
give it.

A. J. Volicos

Mistake #2: Giving Advice

- You are probably giving advice if you find yourself saying you should... or you need to....
- So how can you safely make recommendations?
 - “Have you thought about...?”
 - “Have you considered...?”
 - “What do you think about...?”
 - “I’d like to share a suggestion for something to consider as you decide what you want to do.”

Mistake #3: Blaming the Patient

- We sometimes have a tendency to focus primarily on what the patient does (or doesn't do) that increases their health risk. This can appear as a tendency to blame the patient for their condition. If they try but don't succeed to change a behavior, they may be blamed again.
- Blame shows up in both the content of the communication and the tone in which it is delivered.

Mistake #3: Blaming the Patient

- ▶ Phrases that indicate that you may be blaming the patient:
 - ▶ “Why are you...?”
 - ▶ “Why aren’t you...?”
 - ▶ “You don’t seem very concerned about....”
 - ▶ “Don’t you know what tooth decay can do to your child?”
 - ▶ “If you don’t stop giving her a bottle at night, she will end up with decay that is a lot worse than it is now.”
 - ▶ “If you can’t brush his teeth at night, then you shouldn’t feed him any sugar.”
 - ▶ “You seem embarrassed to talk about this. It’s just a natural part of life.”

Mistake #3: Blaming the Patient


- We should not blame the patient because:
 - It is unlikely to result in lasting behavior changes.
 - It assumes that the patient's health and behavior are 100 percent within his/her control.
 - It fails to recognize all of the factors that go into the patient's knowledge, attitude, choices, and behavior.
 - It fails to recognize how difficult it can be to change behaviors.
 - It isn't your role to pass judgement on patients.
 - It is likely to provoke feelings of embarrassment, shame, or anger in the patient.
 - It is likely to prevent the formation of a trusting, supportive, and lasting relationship with the patient.
 - It may discourage the patient from coming back.
 - It may contribute to a lack of self-confidence and may diminish hope in the possibility of change.

Mistake #4: Failing to Address Issues of Accountability

- This is the flip side of “blaming the patient.” This occurs when, in order to not make judgements about a patient, we may stay silent about the possible harm, may focus the discussion on what the patient is doing well, or may just avoid the conversation.
- Common reasons for failing to address issues of accountability:
 - A mistaken notion that your role is to accept and support everything the patient does, rather than accepting and supporting the patient, but not necessarily his behavior or choices.
 - Being uncomfortable with confrontation or conflict
 - Fear of insulting, angering, shaming, or otherwise harming the relationship with the patient

Mistake #4: Failing to Address Issues of Accountability

- ▶ We should not fail to address issues of accountability because:
 - ▶ It is unlikely to result in lasting behavior change.
 - ▶ It deprives the patient of the opportunity to reflect about harmful behaviors.
 - ▶ It does not respect the patient's ability to address challenging issues.
 - ▶ It may result in increased shame and guilt regarding the behaviors.
 - ▶ It increases the likelihood that the harmful behaviors will continue.
 - ▶ It may discourage the patient from returning for services.
- ▶ Alternatives to failing to address issues of accountability
 - ▶ Ask your patient how s/he feels about what you have said.
 - ▶ Ask about barriers that may stand in the way of behavior change.



So How Should You Approach Patient Interactions?

The Patient-Centered Approach

- You operate as a facilitator who supports patients to make changes that promote their health.
- In order for changes to be most valuable, effective, and long-lasting, they must come from within, not from an “outsider.” It is your role to guide them:
 - In analyzing the factors that both harm and promote their health.
 - In identifying possible choices and courses of action and their consequences.
 - In developing and implementing a plan for change.

Big Eyes, Big Ears, Small Mouth

- **Big eyes:** carefully observe the patient and their surrounding context
- **Big ears:** listen carefully
- **Small mouth:** don't talk too much



**Big Ears to listen, Big
Eyes to See and a
Small Mouth to Speak**

Self-Assessment

Counseling Skill	YES	NO	Comments & Skills to Improve:
Did the patient identify his or her own health goals and risks?			
Did I identify patient strengths and resources?			
Did the patient determine a behavior change plan (self-management goals)?			
Did I ask open-ended questions?			
Did I practice Teach-back?			
Did I roll with resistance?			
Did the patient speak as much or more than I did?			
Did my own agenda, values, or beliefs get in the way of patient-centered practice?			
Did I share appropriate referrals?			
Other?			

Citations

- Berthold, T., (Ed.). (2016) *Foundations for community health workers 2nd edition*. San Francisco, CA. Jossey-Bass.
- Nielsen Nathe, C. (2011). *Dental public health & research (3rd edition)*. Upper Saddle River, NJ. Pearson.

Thank You!

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