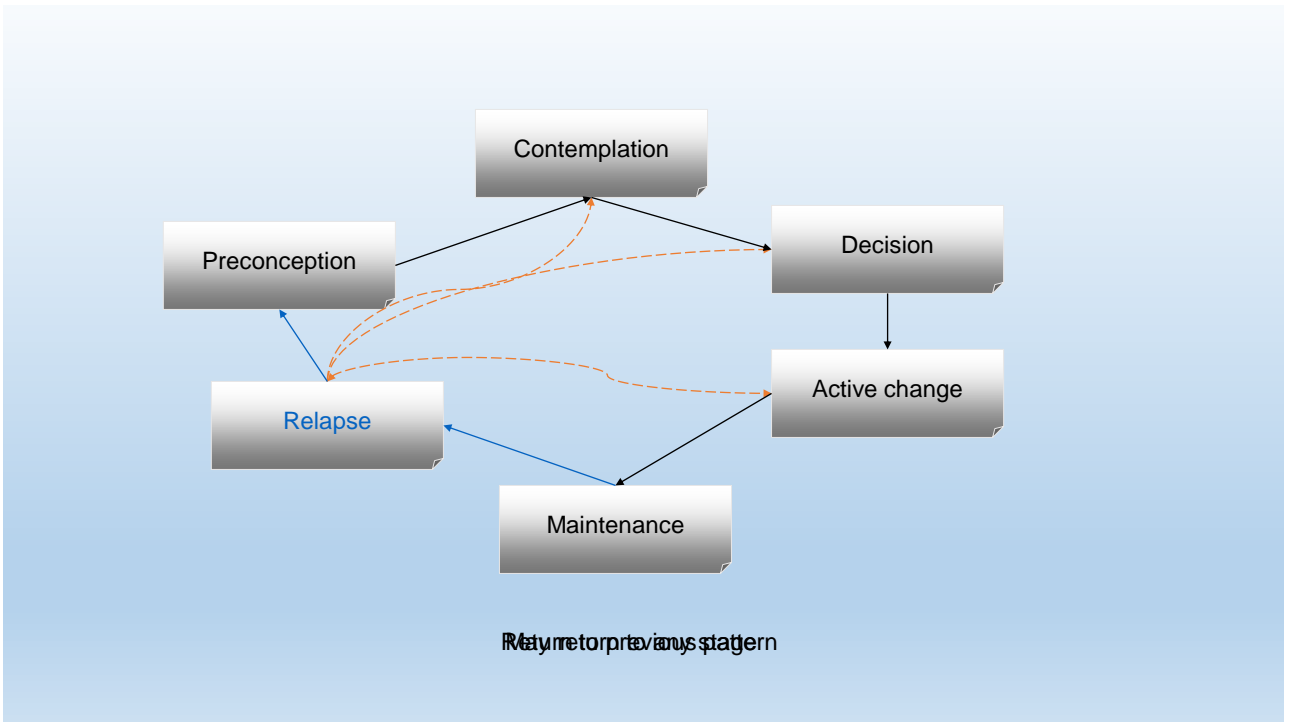
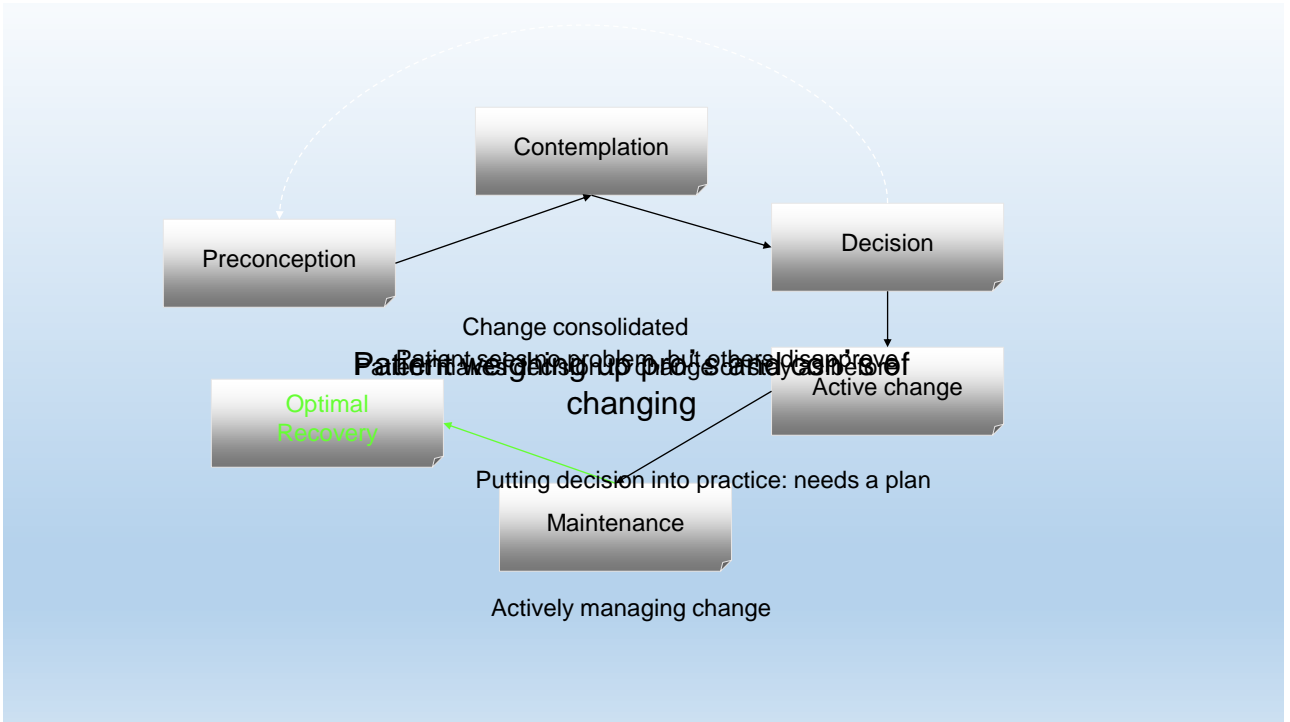


Changing patient's behaviour

Katherine Rothwell

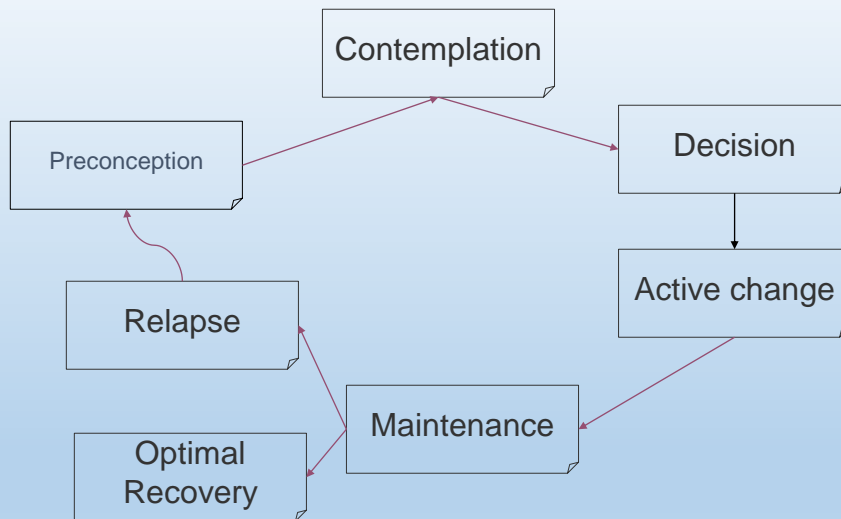
What phases do people go through
when they change?



Adapted from the work of:-

Prochaska J.O. DiClemente & Norcross J (1992) "In search of how people change: application to addictive behaviours." *American Psychologist*. 47:1102-14

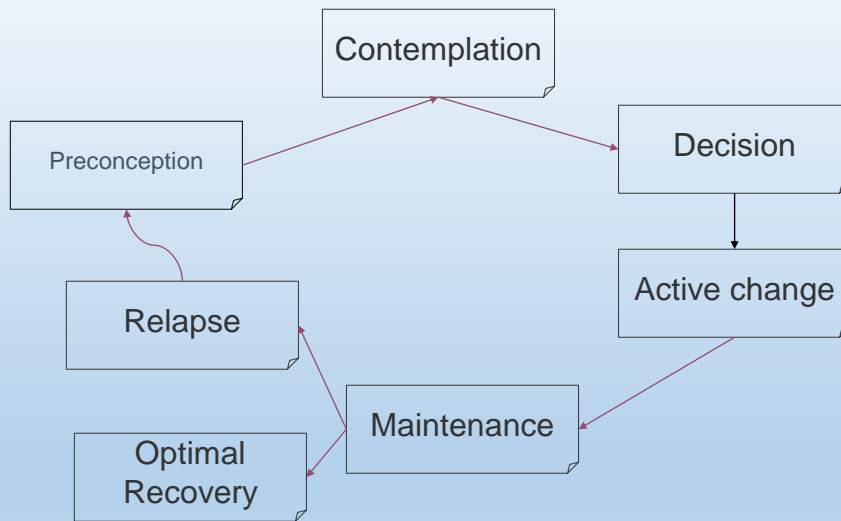
What intervention is needed
at each stage to make the
change more likely to
succeed?



Preconception

'ignorance is bliss'

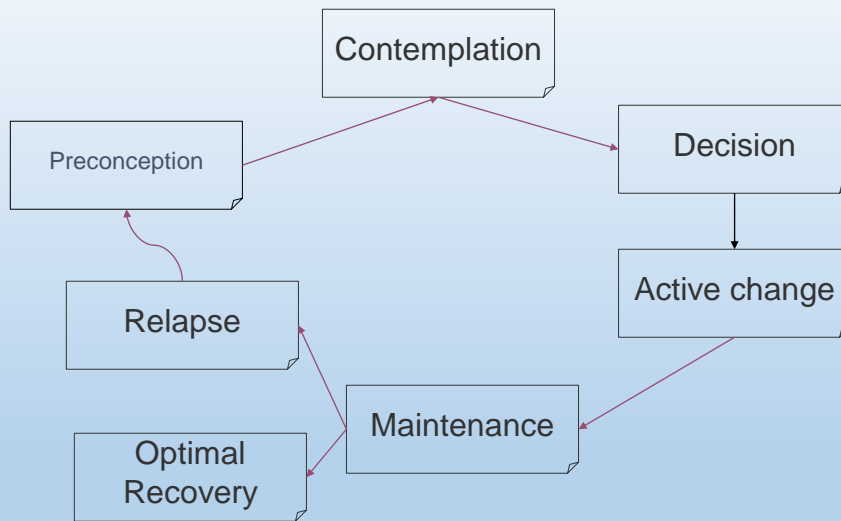
- Help patient develop a reason for change
e.g. – we know smoking is bad for health
- Validate the patients experience
e.g. – can understand why patient feels that way
- Explain and personalise the risk
- Encourage further self explorations
- Leave the door open for further conversations



Contemplation

'sitting on the fence'

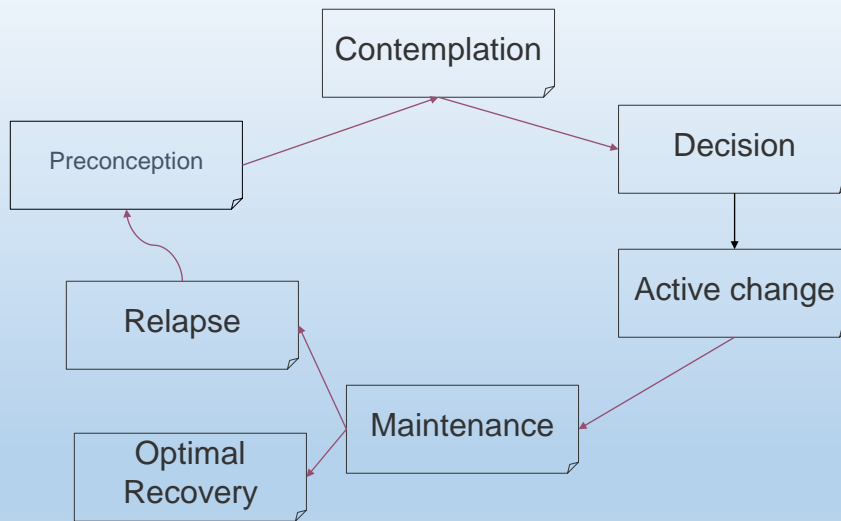
- Validate the patients experience
- Clarify the patients perceptions of pros and cons of change needed
- Encourage more self exploration
- Leave door open



Decision

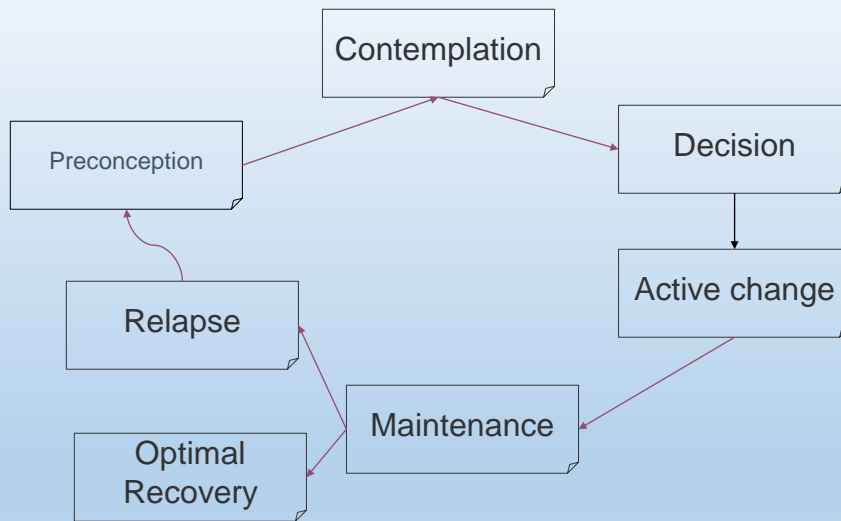
'testing the waters'

- Praise the decision to change behaviour
- Prioritise behaviour change opportunities
- Identify and assist in problem solving re:obstacles
- Encourage small initial steps
- Encourage identification of social support



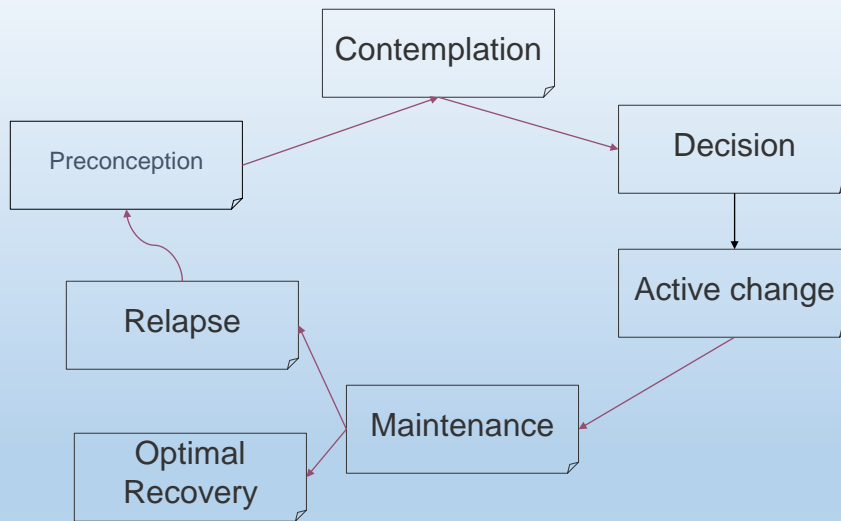
Active Change

- Focus on restructuring cues and social support
- Bolster self –efficacy for dealing with obstacles
- Combat feelings of loss and re-iterate long term benefits



Maintenance

- Plan for follow up support
- Reinforce internal rewards
- Discuss coping with relapse



Relapse

- Evaluate trigger for relapse
- Reassess motivation and barriers
- Plan stronger coping strategies

What are some of the factors that will generally encourage change?

Factors promoting change

- Definite advantages
- Achievable (can help breaking down into smaller steps)
- Non- threatening
- Has worked elsewhere
- Visible and measurable, has a clear end point and is set within time limits

- Recognition or reward for changing
- The person suggesting the change is “trusted”
- No blame approach if mistakes are made
- Support available and asking for help positively reinforced
- Challenging, but support present when needed

Role plays

- Groups of 3
- 1 person doctor
- 1 person patient
- 1 giving feedback
- Then change
- 10 minutes per role play and 3 minutes for feedback

1st Role Play

Doctor : Discuss stopping smoking with a patient

Patient : Smoked 30 a day for 30 years – play it how you want!

2nd Role Play

- Doctor : Discuss reducing alcohol intake.
- Patient : Drinks a bottle of wine a night, maybe 2 bottles a night at the weekend. Drinks to relax as has a stressful job.

3rd Role Play

- Doctor : Discuss lifestyle changes in a patient with high cholesterol and CVD risk 15%
- Patient : BMI 32, doesn't exercise, eats chips, pies and takeouts, lives on own, reluctant to change