Strategies for Implementing Behavior Change

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Disclosures

• UpToDate: author, advisory board
• Practice Point: speaker
Objectives

• Discuss selected behavior change theories as they relate to weight loss and obesity management.

• Identify cognitive behavioral strategies for promoting behavior change.

• Describe several types of food-related triggers; identify stimulus-control strategies for dealing with triggers.
Causes of Obesity

Lifestyle

Environment

Genetics
Social Cognitive Theory of Behavior Change
Social Cognitive Theory

(Bandura, 1960s)
Relapse
Falling back into old patterns, actions and behaviours. Each relapse is met with new insights and knowledge leading to less frequency in setbacks.

Pre-Contemplation
Not thinking about or has rejected change.
Lived in Harms Way

Maintenance
Achieving positive and concrete developments with continuing and potentially little support.
Living Out Of Harms Way

Contemplation
Thinking and talking about change. Seeks out support.
Tired of Living in Harms Way

Action
Taking positive steps by putting the plan into practice.
Gradually Moving Out of Harms Way

Planning
Planning what it would take to make change happen.
Strategizing How to Move Out of Harms Way

STAGES OF CHANGE

Adapted from Prochaska & DiClemente and Ignacio Pacheco | YOUCAN 2012
<table>
<thead>
<tr>
<th>Stage of Change</th>
<th>Barriers</th>
<th>Goal of Counseling</th>
<th>Techniques to Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Contemplation</td>
<td>Not important to patient</td>
<td>Advise and encourage contemplation</td>
<td>Express empathy</td>
</tr>
<tr>
<td>(not ready to change diet and physical activity behaviors to lose weight)</td>
<td>Low confidence</td>
<td></td>
<td>Develop discrepancy</td>
</tr>
<tr>
<td></td>
<td>Denial</td>
<td></td>
<td>Listen reflectively</td>
</tr>
<tr>
<td></td>
<td>Defensiveness</td>
<td></td>
<td>Examine the pros and cons of change, summarize</td>
</tr>
<tr>
<td></td>
<td>Lack of awareness</td>
<td></td>
<td>Provide information if needed</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Acknowledge decision</td>
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<td></td>
<td></td>
<td></td>
<td>Offer help when ready</td>
</tr>
<tr>
<td>Contemplation</td>
<td>Low confidence</td>
<td>Explore ambivalence and shift towards making a decision to change</td>
<td>Express empathy</td>
</tr>
<tr>
<td>(thinking about changing diet and physical activity behaviors to lose weight)</td>
<td>Procrastination</td>
<td></td>
<td>Develop discrepancy</td>
</tr>
<tr>
<td></td>
<td>Low social or environmental support</td>
<td></td>
<td>Acknowledge ambivalence</td>
</tr>
<tr>
<td></td>
<td>Competing demands</td>
<td></td>
<td>Listen reflectively</td>
</tr>
<tr>
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<td></td>
<td>Examine pros and cons of change, summarize</td>
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<td></td>
<td>Provide information if needed</td>
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<td></td>
<td></td>
<td>Affirm positive statements</td>
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<td></td>
<td></td>
<td></td>
<td>Reinforce partnership and willingness to help</td>
</tr>
<tr>
<td>Preparation</td>
<td>Confidence may still be low</td>
<td>Strengthen commitment, plan specific actions</td>
<td>Provide information and discuss options</td>
</tr>
<tr>
<td>(getting ready to change diet and physical activity behaviors to lose weight)</td>
<td>Unsure of specific actions</td>
<td></td>
<td>Provide assistance with selected actions</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Express confidence in patient</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Affirm positive statements</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reinforce partnership and willingness to help</td>
</tr>
<tr>
<td>Action</td>
<td>Some obstacles persist</td>
<td>Praise and reinforce, plan for contingencies</td>
<td>Provide frequent positive affirmation</td>
</tr>
<tr>
<td>(has begun changes in diet and physical activity behaviors)</td>
<td>Confidence may still be low</td>
<td></td>
<td>Provide ongoing assistance with barriers</td>
</tr>
<tr>
<td></td>
<td>At risk for relapse</td>
<td></td>
<td>Express confidence in ability to maintain the change</td>
</tr>
<tr>
<td>Maintenance</td>
<td>At risk for relapse</td>
<td>Praise and reinforce, plan for contingencies</td>
<td>Provide frequent positive affirmation</td>
</tr>
<tr>
<td>(successfully maintained new behaviors for at least 6 months)</td>
<td></td>
<td></td>
<td>Provide ongoing assistance with barriers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Express confidence in ability to maintain the change</td>
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</tbody>
</table>
Self-Determination Theory (SDT)
(Ryan & Deci, 2000)

- Autonomy
- Competence
- Relatedness

Fosters
- Volition
- Motivation
- Engagement

Result in
- Enhanced performance
- Persistence
- Creativity

Experience of
Types of Motivation: Self Determination Theory

More likely to engage in and sustain behavior change

- Amotivated
  - I am not motivated

- External
  - My employer/doctor/coach told me I need to

- Introjected
  - I know I should

- Identified
  - The behavior is consistent with my goals

- Integrated
  - The behavior is part of my identity

- Intrinsic
  - The behavior feels good

Controlled  Autonomous

Adapted from Segar & Hall (2011)

Amy Bucher, Ph.D. (amy.bucher@gmail.com)

Source: Ryan & Deci (2000)
Interventions to Promote Physical Activity and Dietary Lifestyle Changes for Cardiovascular Risk Factor Reduction in Adults: A Scientific Statement From the American Heart Association


Circulation 2010, 122:406-441: originally published online July 12, 2010
doi: 10.1161/CIR.0b013e3181e8edf1
Cognitive Behavioral Strategies for Promoting Behavior Change

- Goals that focus on behavior (increasing whole grain intake or daily PA)
  - Providing regular feedback on goal attainment
- Self-monitoring (3-day food records, charting weight, steps, minutes of PA)
  - May be combined with Internet programs for monitoring dietary intake and PA
- Frequent contact with patients
  - Face-to-face, telephone, email, group-based interventions
  - Regular contact is important
- Healthcare provider feedback (illuminates consequences of dietary/PA behavior for an individual; provides motivation to continue behavior)
- Self-efficacy enhancement
  - Substituting fruit for a high-calorie dessert; watching someone prepare a healthy meal; feeling less short of breath with weight loss
Cognitive Behavioral Strategies for Promoting Behavior Change

• Incentives
  – Rewards by employers

• Modeling
  – Observing other individuals performing desired behaviors (in-person or video cooking demos, exercising with a partner)
  – Have person speak to someone who has made successful behavior changes

• Problem-solving
  – Useful for navigating barriers to behavior change, e.g., negotiating family support for dietary change or incorporating PA as a family event
  – Individual should brainstorm solutions

• Relapse prevention
  – Recognize situations that place individuals at risk for lapses from dietary or PA behavior change (vacations, holidays)
5 A’s Behavior Change Model

• Assess
  – Current dietary/PA pattern
  – Knowledge about risk factors
  – Most challenging barriers to eating healthy and exercising
  – Conviction and confidence about target behaviors
Advise

• Provide patient-specific recommendations for behavior change
• Relate lab results/risk factors to the need for behavior change
• Inform patient that making dietary changes and engaging in regular PA are as important as taking a medication
• Provide specific, documented behavior change advice
Agree

• Use shared decision-making strategies that include collaborative goal setting
• Have patient develop specific, measurable, doable goal(s)
• Provide options and choices among possible nutrition- and PA-related goals
Assist

• Offer strategies that include action planning and problem solving
  – Address barriers to change
  – Stress-eating, cravings, long work hours, no time for breakfast, no time for exercise, eating at your desk, too much fast food, frequent business dinners, “drinking” too many calories, higher cost of fresh/good food, safety in neighborhoods, etc.
Arrange

- Follow up on action plans
- Make and follow up on referrals
- Give patient a copy of the action plan
- Email communication (?) for follow up and questions
- Review action plan and progress during next appointment (be sure it’s documented – note, patient’s AVS)
Cognitive Behavioral Strategies for Promoting Behavior Change

Motivational Interviewing
Motivational Interviewing

- Patient-centered approach to counseling for behavior change emphasizing:
  - Individual autonomy
  - Collaboration between patient and provider
- Non-confrontational
- Patient is expert
- Helps patient to address ambivalence
- Reinforces change talk
Coping Skills Training

• Recognize Hooks

• Stress Management
  – Deep Breathing
  – Progressive Muscle Relaxation
  – Mindfulness

• Assertive Communication

• Cognitive Restructuring/ Reframing

• Problem Solving
# Stimulus Control

<table>
<thead>
<tr>
<th>Triggers</th>
<th>Goals</th>
<th>Strategies</th>
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</thead>
<tbody>
<tr>
<td><strong>Environmental</strong></td>
<td>• Reducing exposure to triggers and modifying reaction to them.</td>
<td>• Avoid whenever possible, remove trigger foods from your home and work</td>
</tr>
<tr>
<td>• Seeing Food</td>
<td></td>
<td>environment (out-of-sight = out-of-mind).</td>
</tr>
<tr>
<td>• Smelling Food</td>
<td></td>
<td>• Ask family or friends to keep treats out of sight.</td>
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<tr>
<td></td>
<td></td>
<td>• Reduce distractions (more satisfaction, less chance of overeating).</td>
</tr>
<tr>
<td><strong>Emotional</strong></td>
<td>• Learn to deal with your emotions in a productive way.</td>
<td>• Label emotions to increase your awareness of what you are feeling.</td>
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<tr>
<td>• Sadness</td>
<td></td>
<td>• Learn to accept and tolerate some unpleasant feelings.</td>
</tr>
<tr>
<td>• Anger</td>
<td></td>
<td>• Identify specific thoughts contributing to negative emotions and</td>
</tr>
<tr>
<td>• Anxiety</td>
<td></td>
<td>restructure them (i.e., change them into more helpful ways of thinking).</td>
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<tr>
<td>• Boredom</td>
<td></td>
<td>• Learn effective coping strategies (e.g., listening to music, taking a</td>
</tr>
<tr>
<td>• Frustration</td>
<td></td>
<td>walk, getting a massage, watching a movie, spending time with a friend)</td>
</tr>
<tr>
<td>• Stress</td>
<td></td>
<td>• Increase involvement in reinforcing activities (i.e., activities that</td>
</tr>
<tr>
<td>• Happiness</td>
<td></td>
<td>bring you joy and satisfaction).</td>
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<tr>
<td></td>
<td></td>
<td>• Improve time management and organizational skills to reduce stress.</td>
</tr>
<tr>
<td><strong>Social</strong></td>
<td>• Learn how social contexts affect your eating habits.</td>
<td>• Practice being assertive and saying “no” when others offer you food.</td>
</tr>
<tr>
<td>• People who urge you to eat</td>
<td></td>
<td>• Order carefully and eat slowly when dining with a group.</td>
</tr>
<tr>
<td>• Situations in which you want to eat like everyone else</td>
<td>• Learn to cope with feelings of unfairness or deprivation.</td>
<td>• Shift your focus from feelings of deprivation to feelings of pride for</td>
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<tr>
<td></td>
<td>• Please yourself, not others.</td>
<td>having made a healthy decision.</td>
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<td></td>
<td></td>
<td>• Ask your friends and family for their support/assistance.</td>
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<tr>
<td><strong>Mental</strong></td>
<td>• Learn to think differently about food.</td>
<td>• Utilize thought stopping techniques (imagine a big red stop sign and don’t</td>
</tr>
<tr>
<td>• Thinking about food</td>
<td></td>
<td>allow yourself to go continue with that train of thought).</td>
</tr>
<tr>
<td>• Reading a description of food</td>
<td></td>
<td>• Utilize distraction techniques.</td>
</tr>
<tr>
<td>• Imagining eating food in the future</td>
<td></td>
<td>• Alternately, use acceptance strategies, e.g., “I wish I could have bacon</td>
</tr>
<tr>
<td></td>
<td>• Learn to identify and change unhelpful ways of thinking.</td>
<td>every morning, but it’s not good for my heart.  It’s disappointing, but I</td>
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<tr>
<td></td>
<td></td>
<td>need to make some changes.”</td>
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<tr>
<td></td>
<td></td>
<td>• Learn how to restructure unhelpful thoughts.</td>
</tr>
<tr>
<td><strong>Biological</strong></td>
<td>• Increase awareness of the mind-body connection.</td>
<td>• Know the difference between tired, thirsty, and hungry.</td>
</tr>
<tr>
<td>• Hunger</td>
<td>• Eat more mindfully.</td>
<td>• Recognize that hunger is not an emergency.</td>
</tr>
<tr>
<td>• Thirst</td>
<td>• Have a greater understanding for what’s going on with your</td>
<td>• Learn to differentiate between hunger and cravings and how to manage</td>
</tr>
<tr>
<td>• Fatigue</td>
<td>physiology.</td>
<td>both (e.g., acceptance, distraction, relaxation techniques, planned</td>
</tr>
<tr>
<td>• Cravings (intense urges to eat)</td>
<td></td>
<td>indulgences, etc.).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Learn more carefully.</td>
</tr>
</tbody>
</table>
AHA/ACC/TOS 2013 Guidelines
Behavioral Lifestyle Interventions for Obesity

Key Elements of Lifestyle Interventions (Wadden & Butryn, 2003)

- Diet
- Physical Activity
- Behavioral Therapy
  - Goal-setting
  - Self-monitoring
  - Stimulus Control
  - Problem Solving
  - Cognitive Restructuring/Reframing
  - Relapse Prevention/ Coping Skills Training
“Don’t step on it... it makes you cry.”