DECISIONAL BALANCE STAGES OF CHANGE

Developed by Janis and Mann (1977), a balance sheet of comparative potential gains and losses.

- The pros: benefits/gains of change
- The cons: costs/negatives of change

Clients who are higher in readiness to change indicate more benefits relative to costs.

MOTIVATION:

Different types of motivation are frequently described as being either extrinsic or intrinsic.

- Extrinsic --> are those that arise form outside of the individual
    - Often include rewards and or negative consequences
- Intrinsic --> are those that arise from within the individual.
    - Enjoyment
    - Gratification

EXTRINSIC MOTIVATION:

- Occurs when we are motivated to perform a behaviour or engage in an activity to earn a reward or avoid punishment.
- For example:
    - Studying because you want to get a good grade
    - Cleaning your room to avoid being reprimanded by your parents
    - Eat a diet lower in fat and saturated fat to help manage diabetes.
- You engage in the behaviour not because you enjoy it or because you find it satisfying, but to get something in return or avoid something unpleasant.
- This is not to suggest that extrinsic motivation is a bad thing
- It can be beneficial in some situations especially when a client needs to complete a task that they find unpleasant.

INTRINSIC MOTIVATION:

- You engage in the behaviour because you enjoy it and find it satisfying.
- For example:
    - Eating broccoli for dinner because you like the taste
    - Going for a run because you enjoy the feeling and like to exercise in the morning
- Intrinsic motivation has been associated with long-term successful HBC.
- As health professionals we aim to facilitate clients move from extrinsic motivation towards intrinsic.

TRANSTHEORETICAL MODEL OF BEHAVIOUR CHANGE:

1. Precontemplation --> individuals in this stage are not even thinking about changing their behaviour (may not even see it as a problem)
2. Contemplation --> individuals are thinking about changing, but are ambivalent about change (they see equal amounts of pro's and con's to changing).
3. Preparation --> individual decides to change and commits to action, by 'preparing themselves' i.e. make a plan, thinking of strategies for barriers
4. Action --> individuals put their plan into action
5. Maintenance --> the new behaviour is becoming firmly established

GOAL SETTING AND BARRIERS

SMART GOALS:

- Specific goals identify what is to be done and why, and state the final outcome or expected result.
- Measurable goals are stated in terms that are observable or verifiable
- Action-oriented goals define what action is required to achieve the goal.
- Realistic goals should be challenging, but not impossible to reach.
- Time-based goals described within the context of a specified time-frame and may include sub-goals.

BARRIERS TO CHANGE:

The B.E.S.T. Barriers

- Behaviours --> relate to actions and include habits. For example, failing to plan your weekly dinners ahead of time, may mean that you just eat whatever is quick and easy when you are hungry.
- Emotions --> are related to how we feel. For example, perhaps you eat chocolate when you are down in the dumps, drink more alcohol when you are stressed, or don't feel motivated enough to exercise.
- Situations --> are factors in the environment. For example, it might be related to your ability to buy healthy food at affordable prices, OR perhaps you have no nearby park, walking track, or backyard in which to exercise.
- Thoughts --> relate to belief, attitudes and the things we think. For example, telling yourself "I deserve to treat myself with this junk food" or "lots of people smoke and live a long time".

MANAGING BARRIERS AND RELAPSE PREVENTION

OTHER BARRIERS:

- A lapse can be defined as a slip or mistake - you perform a behaviour you are trying to avoid.
- A relapse can be defined as going back to your unwanted pattern of behaviour.

HIGH RISK LAPSE SITUATIONS:

- Being emotionally upset/stress;
- Tempting social settings;
- Drinking;
- Unexpected encounters with temptation.

SYSTEMATIC PROBLEM SOLVING:

- Problem solving means thinking about your barriers and figuring out how to overcome them.
- Learning to solve problems allows you more flexibility and independence in coping, as well as confidence in your ability to deal with other problems in the future.
- You need to be able to define the problems clearly, think of solutions and predict the consequences of various alternatives.

THE VALUE OF PROBLEM-SOLVING:

- People who use problem solving skills are more likely to succeed in their health behaviour change.
- Problem solving is used to aid treatment of:
    - Anxiety
    - Depression
    - Substance abuse
    - Marital problems
    - Poor academic performance
    - Weight control.

- People who learn problem solving skills are more likely to cope effectively with stress.

STEPS TO SYSTEMATIC PROBLEM SOLVING:

1. List all the details of the problem
    a. Take a moment and write down everything you can think of about this particular issue that needs to be resolved.
    b. The better you understand a situation, the more likely you are to fix it effectively
2. Generate as many solutions as you can
    a. A common mistake in problem solving is that alternatives are evaluated as they are proposed, so the first acceptable solution is chosen, even if it's not the best fit.
3. Choose one of the solutions. How will your implement it? (Is your solution realistic?)
    a. Would you believe that finding the solutions isn't the step that people have the most trouble with? It's actually the part where you have to take action! Most of the time, people KNOW what they have to do, they just don't do it.

ARE YOU CONFIDENT ABOUT YOUR BEHAVIOUR CHANGE

SELF EFFICACY:

- Efficacy --> the power to produce an effect
- Self-efficacy --> belief you have the power to produce an effect
- The belief that one can perform the behaviours that will produce the desired outcomes.

SELF-EFFICACY BELIEFS EFFECT --> MOTIVATION:

- The stronger their self-efficacy beliefs, higher the goals people set for themselves
- Self-efficacy determines how much effort people expend
- People with higher self-efficacy persevere longer in the face of difficulties
- People with higher self-efficacy have greater resilience to setbacks
- Higher self-efficacy predicts health behaviour change in people
- Level of education predicts self-efficacy

MEASURES OF SELF-EFFICACY:

- Situation specific --> slef efficacy can only be measured in relation to a person's confidence in particular situations, it is not a global measure
- Self-efficacy scales --> eating behaviours self-efficacy scale:
    - How certain are you that you can avoid overeating as part of a social occasion dealing with food - like at a restaurant or dinner party?

DEVELOPING SELF-EFFICACY:

Bandura identifies 4 ways of developing self-efficacy:

- Mastery of experience:
    - Performing a task successfully strengthens your sense of self-efficacy
    - However, failing to adequately deal with a task or challenge can undermine and weaken your self-efficacy.
- Vicarious experience
    - Seeing people similar to yourself succeed raises your beliefs that you too possess the capabilities to be successful in comparable activities.
    - "If they can do it, I can do it as well"
- Verbal persuasion
    - Getting verbal encouragement from others helps you overcome self-doubt, helping you focus on giving your best effort to the task at hand.
    - Discouragement is generally more effective at decreasing a person's self-efficacy than encouragement is at increasing it.

- Physiological states
    - Moods, emotional states, physical reactions, and stress levels can all impact how a person feels about their personal abilities in a particular situation. A person who becomes extremely nervous before speaking in public may develop a weak sense of self-efficacy in these situations.
    - By learning how to minimise stress and elevate mood when facing difficult or challenging tasks, people can improve their sense of self-efficacy.

ACTIVE LISTENING (SKILL)

REASONS TO ACTIVELY LISTEN:

- To increase the other person's confidence in you
- To make the other person feel important and recognised
- To show that you care about the person and build trust
- To avoid saying the wrong thing or being tactless
- To dissipate strong feelings
- To learn to accept feelings - yours and others
- To be sure you both have the same understanding of the topic, and of what is being said.
- To help people start listening to you.

BODY LANGUAGE - S.O.L.E.R:

- Square
- Open
- Lean forward
- Eye contact
- Relax

WAYS OF RESPONDING - MINIMAL ENCOURAGERS:

- Shows you are listening:
    - "Hmm"
    - "Yes"
    - Nodding

WAYS OF RESPONDING - PARAPHRASING:

- Restating in different words what the person has said.
- E.g. speaker: 'it just wasn't the right thing for him to do"
- E.g. Listener: "you believe he shouldn't have done that"
- Can feel awkward at first, but becomes more natural with practice.

WAYS OF RESPONDING - REFLECTING:

- Can reflect feeling content (may not have been said)
- "You seem to be a bit angry about this"
- Practice listening for feelings: "my parents are great and really care about me but sometimes I wish they would stop telling me how to live my life and let me do my own thing"

WAYS OF RESPONDING - SUMMARISING:

- Bringing together content, feelings and experiences to check understanding
- Provides a focus if speaker gets off topic
- Can also move into next phase of discussion
- Summary is short and emotional intensity should match that of speaker

TYPES OF QUESTIONS:

- Closed-ended:
    - Questions result in a one-word answer. Begins with: is, are, do, did, can, could, would.
    - E.g. "would that be a good outcome for you"
- Open-ended:
    - Questions are ones that require more than one word answers. Begins with: how, what, where, who, which.
    - E.g. speaker: "I don't like my job"
    - E.g. listener: "what about your job don't you like?"
- Leading:
    - Use leading questions to progress the discussion
    - E.g. "what happened then?" or "could you tell me a bit more about that?"
- Clarifying:
    - Combination of asking and stating what we have heard
    - Enhance your understanding + avoid jumping to assumptions
    - Check you are accurate in your perception
    - Communicate you are listening with acceptance
    - E.g. "here's what I hear you saying. Is that right?"

DOES STRESS IMPACT ON YOUR ABILITY TO ENGAGE IN HEALTHY BEHAVIOURS?

WHY REDUCING STRESS MATTERS:

Stress is associated with:

- Higher fat diets
- Greater fast food consumption
- Higher levels of smoking
- Reduced probability of smoking cessation
- Increased alcohol consumption
- And lower levels of physical activity

WAYS OF COPING:

- (Un)Healthy behaviours have been linked to stress as a way of coping with stress.
- Stress evokes both psychological (e.g. anxiety, depression) and physical (e.g. increased heart rate, blood pressure) arousal.
- Individuals then implement (un)healthy behaviours to try and reduce that arousal.

WAYS OF COPING - PROBLEM VS. EMOTION FOCUSED:

Lazarus (1991) and Folkman (1984) suggested that there are two types of coping responses, emotion-focused and problem-focused:

	Problem-focused:	Emotion-focused:
Aim:	Alleviate stressful circumstances	Regulating emotional consequences of circumstance
Strategy:	Dealing directly with stressor	Reducing or managing emotional distress associated with situation or stressor
Situation:	Used when belief that something constructive can be done	Used when belief that problem is long-term or difficult to change.

WAYS OF COPING - PROBLEM FOCUSED:

Coping Strategy:	**Description:**

Active coping	Taking steps to remove or reduce stressor.
Planning	Generating strategies to cope with the stressor
Suppression of competing activities	Putting other concerns aside until the stressor sufficiently subsides
Restraint coping	Waiting for an opportunity to act effectively
Seeking instrumental social support	Seeking information, resources etc.

WAYS OF COPING - EMOTION FOCUSED:

Coping Strategy:	**Description:**
Seeking emotional social support	Seeking sympathy and understanding
Positive reinterpretation and growth	Perceiving stressor in a more positive way
Resignation/acceptance	Accepting that the stressful event has occurred, is real and is unavoidable
Denial	Attempting to reject the reality of the stressful event (to escape feelings of distress)
Religion	Putting the problem in god's hands
Humour	Pointing out the amusing aspects of the problem at hand, telling jokes etc.

WAYS OF COPING - LESS EFFECTIVE/HARMFUL STRATEGIES:

Coping Strategy:	**Description:**
Focus on and venting of emotions	Focusing on your own distress rather than dealing with the stressor
Behavioural disengagement	Giving up/withdrawing/reducing one's effort to attain a goal. Associated with helplessness.
Mental disengagement	Procrastination! Using alternative activities to take your mind off a problem (Facebook, TV, phone, cleaning, etc.)
Alcohol and drugs	Using alcohol and drugs to reduce tension.

ARE YOU IN CONTROL OF YOUR BEHAVIOUR CHANGE?

LOCUS OF CONTROL:

- Refers to the extent to which individuals believe that they can control events that affect them.
- Internal --> attribute events in life to ability. May engage in more problem-focused coping
- External --> attribute event in life to luck/chance. May feel they have less control over their fate

    - Powerful others is a subgroup of external locus of control/chance. It includes people or groups in which you feel have some control over your life. E.g. medical professionals, your boss, your friends.
- Differences:
    - Internalising beliefs more likely to work for achievements
    - Internalising beliefs more likely to set long-term goals
    - Internalising beliefs tolerate delays in rewards
    - Internalising beliefs more likely to feel guilt
    - It is not always that internal is more adaptive, but generally so.

LOCUS OF CONTROL SCALE:

- Internal (add 3 items together)

1	2	3	4	5
Strongly disagree	Mildly disagree	neutral	Mildly agree	Strongly agree

    - My life is determined by my own actions
    - I am usually able to protect my personal interests
    - I can pretty much determine what will happen in my life

SO WHAT ABOUT THINGS YOU CANNOT CHANGE?

People who have an internal locus of control don't think they can change everything, they realise there are things they can't change. However, they also realise that they can control themselves and can gain control back by:

- Changing the meaning they create around an event
- Reducing their level of emotional arousal
- Implementing and changing coping strategies

These methods can occur across a variety of domains.

CONTROL BELIEFS ACROSS DIFFERENT DOMAINS:

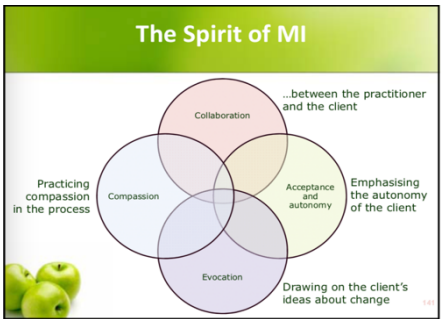
- Behavioural --> you have a behaviour available that would give you control over your SMART goal. Exercise example: exercising inside when it is raining.
- Cognitive --> a thought process or strategy you could use to gain control over your SMART goal. Smoking example: thinking about the positive health outcomes of quitting smoking.
- Decisional --> knowing you can to choose between options (even when all options are undesirable) to gain control over your SMART goal. Time management example: you can make decisions about when you study, for how long, and where you study.
- Informational --> researching information to gain control over your SMART goal. Healthy eating example: reading up on how to cook healthy food.

MOTIVATIONAL INTERVIEWING (SKILL)

Motivational interviewing is "a client-centred, directive therapeutic style to enhance readiness for change by helping clients explore and resolve ambivalence".

WHY ARE WE DOING THIS?

- Helps to resolve ambivalence or resistance
- Shown to be effective for reducing smoking, drinking, and addictive behaviours (e.g. gambling)
- Can be used in conjunction with other HBC concepts (e.g. the TTM and DBM)



FOUR PRINCIPLES OF MI:

1. Collaboration (vs. confrontation):
    a. "MI is done for and with someone; not on or to them"
    b. Focuses on building rapport and trust
    c. Therapeutic alliance is a partnership; not a traditional clinician/client approach
2. Acceptance/autonomy (vs. authority):
    a. "the client is the expert in their own lives"
    b. Recognises that the true power of change rests with the client
    c. Empowers the client and infers responsibility on them
    d. No single "right way" to change
3. Evocation:
    a. Drawing out the client's own ideas and thoughts to direct change
    b. Long-term change is more likely when the client establishes their own motivations and reasons for changing
4. Compassion:
    a. Understanding the experiences, values, and motivations without engaging in judgement
    b. Acceptance of the client's choices
    c. Respect for negative emotions

KEY SKILL - LISTENING FOR CHANGE TALK:

- A key aspect of MI is understanding your client's unique perspectives, feelings, experiences, and values
- Helps to elicit change talk from your client
- Change talk is when the client mentions or discusses their desire, ability, reason, and need to change behaviour
- At this stage, the client is still deciding to make a change.

Change Talk:	Example:
Desire	"I want to…" (I want tog et rid of this bad habit) "I would like to…" (I would like to play more with my kids) "I wish…" (I wish I could quit smoking)
Ability	"I could…" (I could probably reduce my smoking a little) "I can…" (I can imagine making this change) "I might be able to…" (I might be able to cut down a bit)
Reasons	"I want to be around to see my grandkids" "quitting would be good for my health"
Need	"I should…" (I should really cut down on my smoking"

	"I have to…" (I have to change my habit"

KEY SKILL - LISTENING FOR COMMITMENT TALK:

- Following change talk, commitment talk begins to gradually strengthen
- These statements indicate that the client is now ready to take action
- The client is now ready to actively plan for change or may already be making some positive changes.

Commitment Talk:	Example:
Commitment	"I promise…" "I will…" "I'm going to…"
Activation	"I am planning to…" "I am prepared to…"
Taking Steps	"I actually went out and…" "This week I started…" "I quit smoking for a week, but then started again"