Building Behaviour Change into Physiotherapy Programs: for us and them

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What does behaviour change mean?

- **Specific actions and tasks:** strengthening and stretching exercises, taping, using aids, tasks aimed at managing pain effectively, attending appointments, taking up referral options
- **Lifestyle changes:** general activity, diet, weight management, smoking, alcohol, stress management
- **Anything** you want a patient to do outside of your consultations or program

How much of a problem is behaviour change?

14-21%	Patients who don't fill their prescription
50%	Patients who act on GP referrals to other practitioners and services
50%	Overall adherence to chronic conditions treatment including lifestyle changes
25% **50%**	Maintenance of new exercise behaviours after rehabilitation in the general population, and following cardiac rehabilitation

(WHO 2003; GP clinic audit; Dishman 1988; Oldridge 1991)

Does it make good business sense to include behaviour change support in physiotherapy clinical consultations and programs?

- "But my patients expect…."
- Physiotherapists as technicians or clinicians?
- Patients as dependent or engaged in collaborative self-management?
- Are you or your practice a substitutable commodity or a valued brand that engenders customer loyalty?
- What are other clinicians doing?

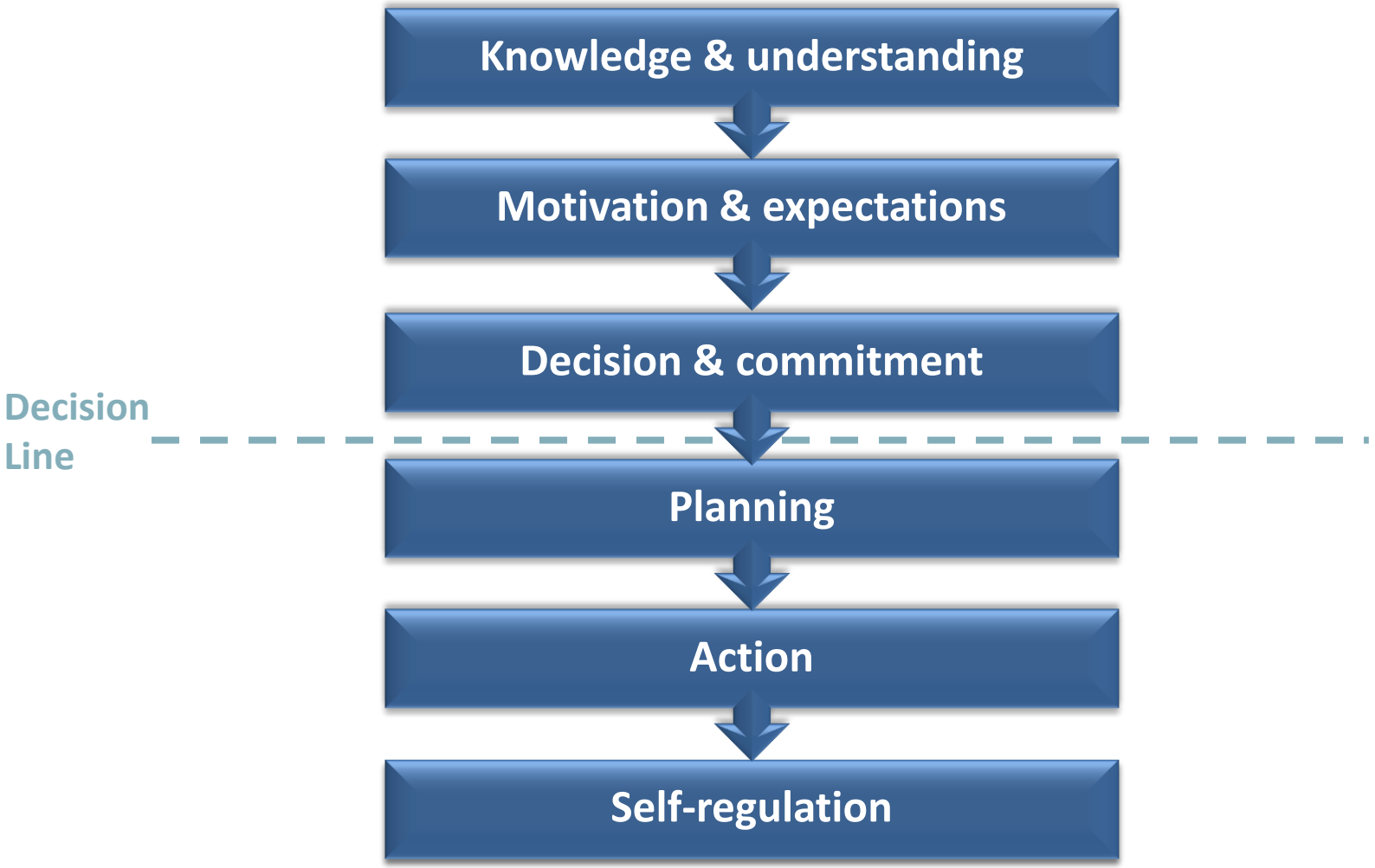
What stops people from taking action to achieve better health and quality of life?

Behaviours	• Actions, everyday habits, planning or lack of planning
Emotions	• Emotional reactions to things that happen to us, mood states
Situations	• Medical, cognitive abilities, social, physical, access, $, changes in circumstance, clinicians
Thinking	• Beliefs, attitudes, expectations & habitual thinking patterns, motivation, confidence, knowledge

How can I assist this patient, to achieve these specific health outcomes, at this point in time, given their…..?

- Current clinical issues
- Current psychosocial issues
- Current level of readiness
- Current barriers to taking action
- Current knowledge levels
- Current life circumstances
- Levels of ability, and
- Consultation time constraints

What needs to occur for people to take and sustain action? Are they ready, willing and able to do so?



Generic Behaviour Change Pathway

Usual clinical practice processes:

Do you regularly check that your client is ready, willing and able to act on your recommendations?

How do you know that they are not they stuck somewhere in the behaviour change pathway?

The HCA RICk principle

Ready, willing and able?

Readiness

+

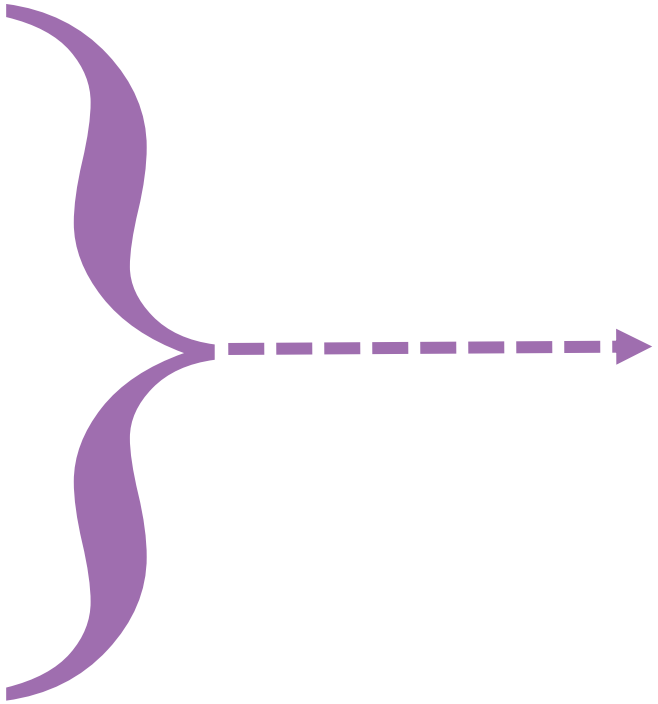
Importance

+

Confidence

+

knowledge



Follow self-management treatment recommendations

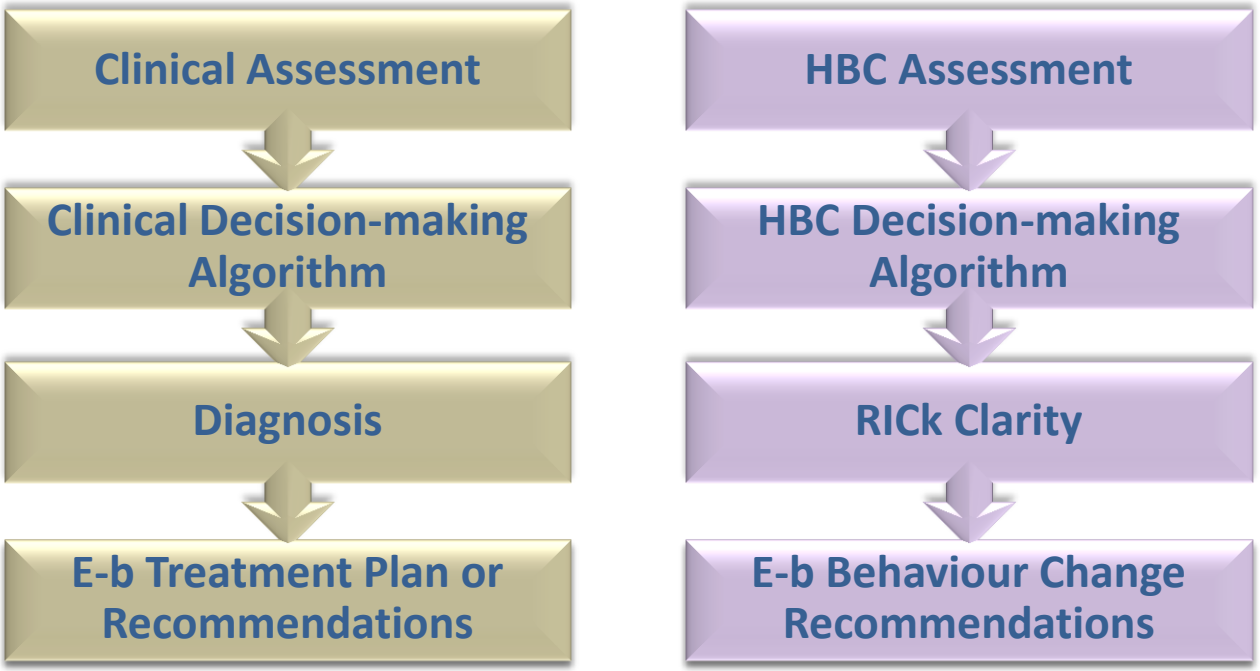
Beware the Motivation Trap!

Motivation to
reduce pain
lose weight
retain independence
etc.

≠

Motivation to engage in *actions or tasks*
required to reduce pain, lose weight, retain independence etc.

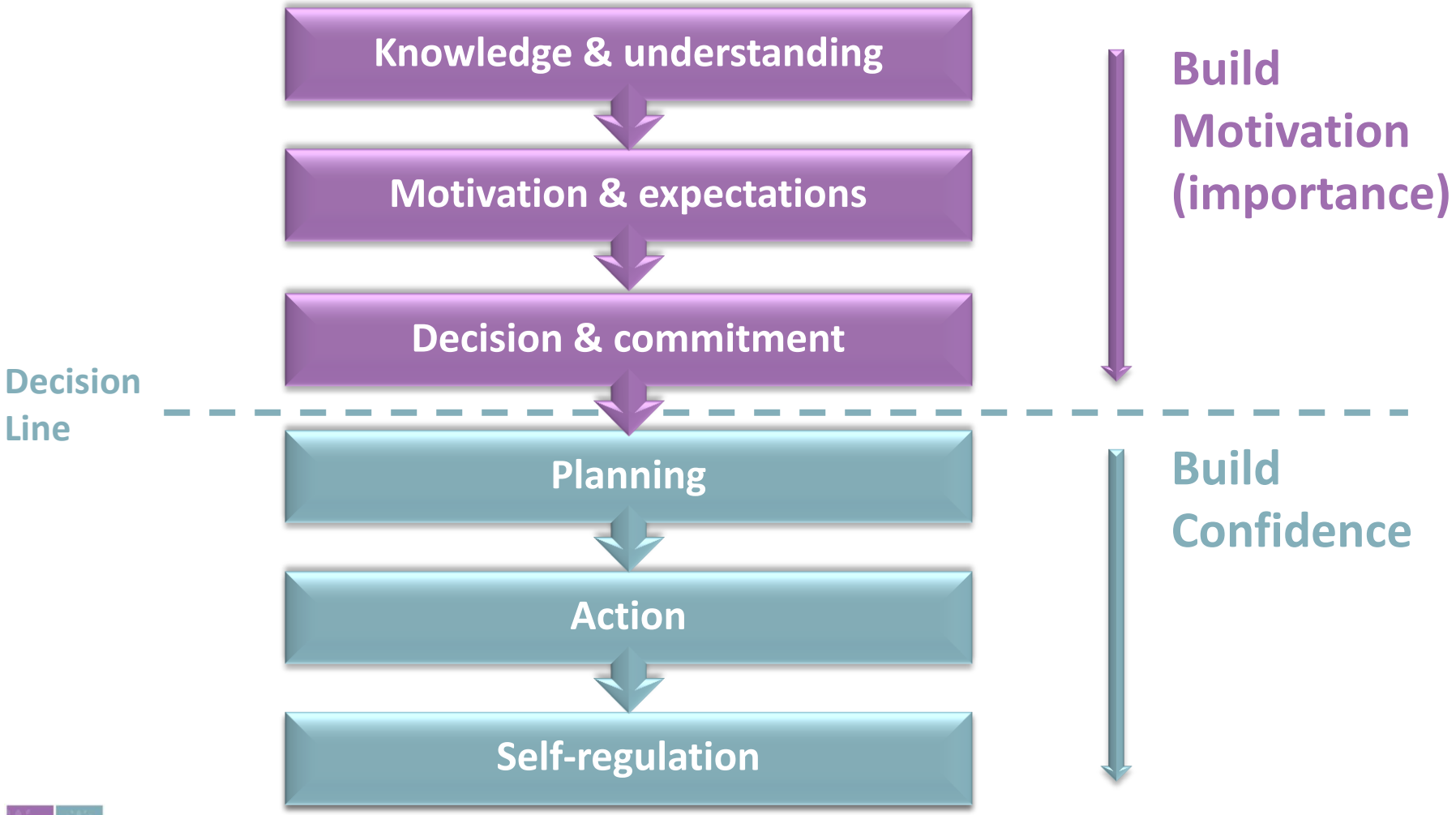
Complementary clinical pathways:
Clinical condition/health behaviour change (HBC)



RICk = readiness, importance, confidence, knowledge

E-b = evidence-based

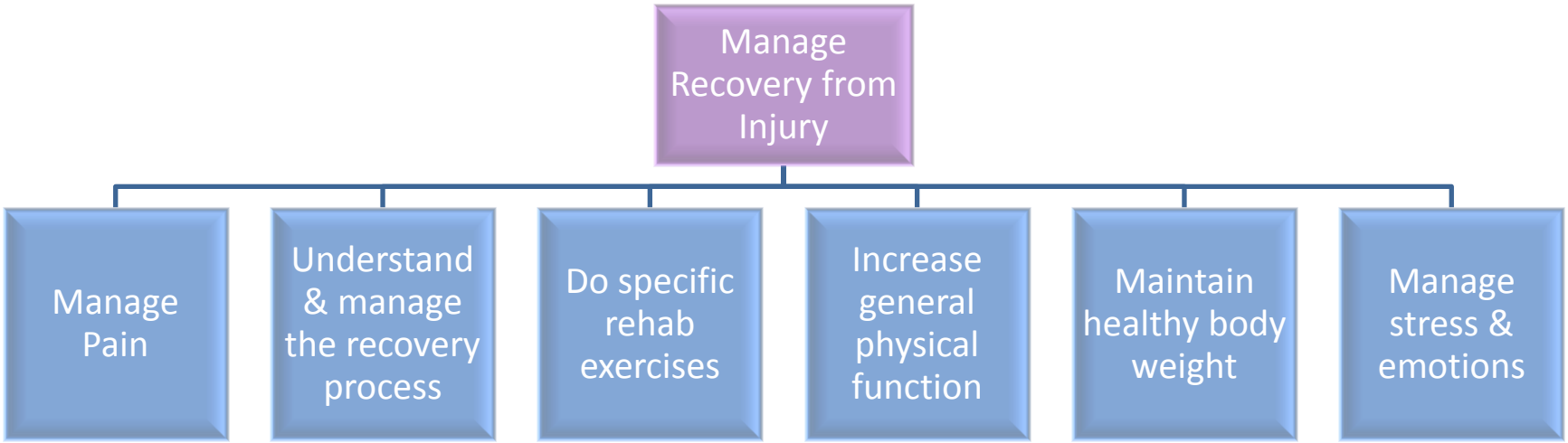
Where might the client's sticking point be? What can you do to move them on?



How to support behaviour change without adding time

1. Set up accurate expectations with the client from the start:
   - The client's role as an active participant
   - Pain and recovery expectations
   - Broad treatment categories to address over time (incl. active vs. passive options and ineffective treatment options)
2. Provide targeted versus global assessment
3. Provide targeted versus global education: first ask, then offer to fill in the gaps and/or correct misinformation

Managing the injury recovery process



How to add value without adding time cont'd

4. Normalise the difficulty of behaviour change
5. Engage the client in decision making
6. Be conservative regarding the number of things you give people to do (assess confidence)
7. Provide pen and paper and invite the client to write down relevant information in their own words
8. Keep the generic behaviour change pathway and the RICk principle in mind

Questions to ask yourself when a client is not engaged or taking action:

1. Is the client above or below the decision line?
2. What is the barrier?
3. Am I adding to the problem?
4. Which course of action is appropriate for me to take?:
    - Build motivation (understanding & priorities)
    - Build confidence (thinking and planning)

Documenting a personal self-management plan

Managing arthritis

Lifestyle/Treatment Categories	Priority	Readiness	Importance	Confidence	Knowledge	Date
1. Medications	-	*Taking action*		✓	✓	*##/##*
2. Specific exercises	1	~~*Moderate*~~ *High*	~~*Moderate*~~ *High*	~~*Low*~~ *Moderate*	*Good after educ*	*##/##*
3. General activity	2					
4. Pain management strategies	1	*High*	*High*	~~*Low*~~ *Moderate*	*Pacing activity*	*##/##*
5. Weight management	2					

Who should we spend behaviour change time on?

1. Clients who receive passive treatment only? ☒
2. Clients who are clearly not interested in your advice? ☒
3. Clients who are undecided (ambivalent) or couldn't be bothered? ☑
4. Clients who are motivated but lack confidence? ☑
5. Clients who are clearly motivated and confident? ☒

IW Case – acute low back pain, left leg pain

Female, 50-55 years, part-time landscape gardener, part-time retail industry, single mother

- Acute L3/4 bulge (MRI confirmed). Discharged from hospital after epidural injection and a 3-day admission. Doctor advised client *not* to see a physiotherapist, continue to take pain medication and walk:
    - Severely restricted physical movement all directions
    - Fearful and concerned about returning to work and if she would be able to resume an active life
    - Confused about how to manage her pain and felt she needed more than just medication and walking
    - *"I need more help than that"*

Initial 40 minute physiotherapy consult

- Established that the worker had high importance and readiness and clear motivation to manage pain to return to work and daily activity. Very low confidence to take action (knowledge barrier and fear of further injury)
- Provided targeted pain and behaviour change education
- Client planned to avoid high load positions and change posture frequently (about every 15 min)
- Taped the client's back at the end of the session – *no other passive treatment*

Key messages re pain and injury management:

1. Active treatment is more effective than passive treatment
2. Most people with this condition make considerable improvements in their pain and activity levels within in one month (created accurate expectations)
3. Performing normal daily movement won't do any damage, but how you move influences your pain. Certain positions should be avoided and others are likely to be comfortable.
4. Specific signs and symptoms will indicate a worsening or improvement of the condition and should not be ignored (how to read and respond to pain – self-monitoring)
5. Pain triggers can be behaviours, emotions, situations and thinking (BEST)

How the HCA approach guided consultations:

Principles, techniques and framework :

- Use of client-centred principles*:* established realistic expectations, targeted information, promoted choice and control; less time on objective assessment , more time on practical strategies
- Other behaviour change principles used: *One thing at a time, one step at a time, adding up over time* (one needs time and patience to build skills to manage pain), *Trial and error* (required to find the right strategies for her)
- Provided a clinically-relevant *menu of treatment options*
- Use of *BEST** concept: to problem solve pain triggers and enabled client to identify strengths (e.g. meditation), created awareness of unhelpful thinking "I'll just do this…"
- *Invited the client to write:* "rotisserie chicken"
- Used decision framework: to check for barriers that might affect adherence and hence intervene with strategies

* Behaviours, Emotions, Situations, Thoughts

Results to 6 months

Outcomes:

	Medication	Sitting	ADL*	Pain
Initial	Endone x2/day Codeine x4/day	5 minutes	Needed help	7/10 back and leg
15 Days (3rd session)	Paracetamol PRN, some days no medication	20 minutes	Doing with care	1-5 /10 back, no leg pain
3 Months	Nil	✓	✓	No leg or back pain
6 Months	Nil	✓	✓	Occasional ache after sustained flexion

* Activities of Daily Living

RTW outcomes

Time frame	RTW status
Initial	Off work 2 weeks
15 Days	Started 6 hour retail shift x2 per week, no gardening
1 Month	Returned to previous retail duties (8 hr shift, x3) Supervising gardening
3 Months	Retail + gardening (avoiding heavy lifting)
6 Months	Unrestricted but takes care with lifting and limits repeated loads

Personal strategies maintained at 6 months:

- Plans her week with tissue "load" in mind
- Performs specific exercise routine x 3 per week
- Uses the principle of *trial and error* to try strategies and doesn't give up after first attempts
- Recognises when her thinking may contribute to "overdoing" activity and paces herself in accordance with *one step at a time*…
- Uses *BEST* as a way to problem solve pain triggers as required

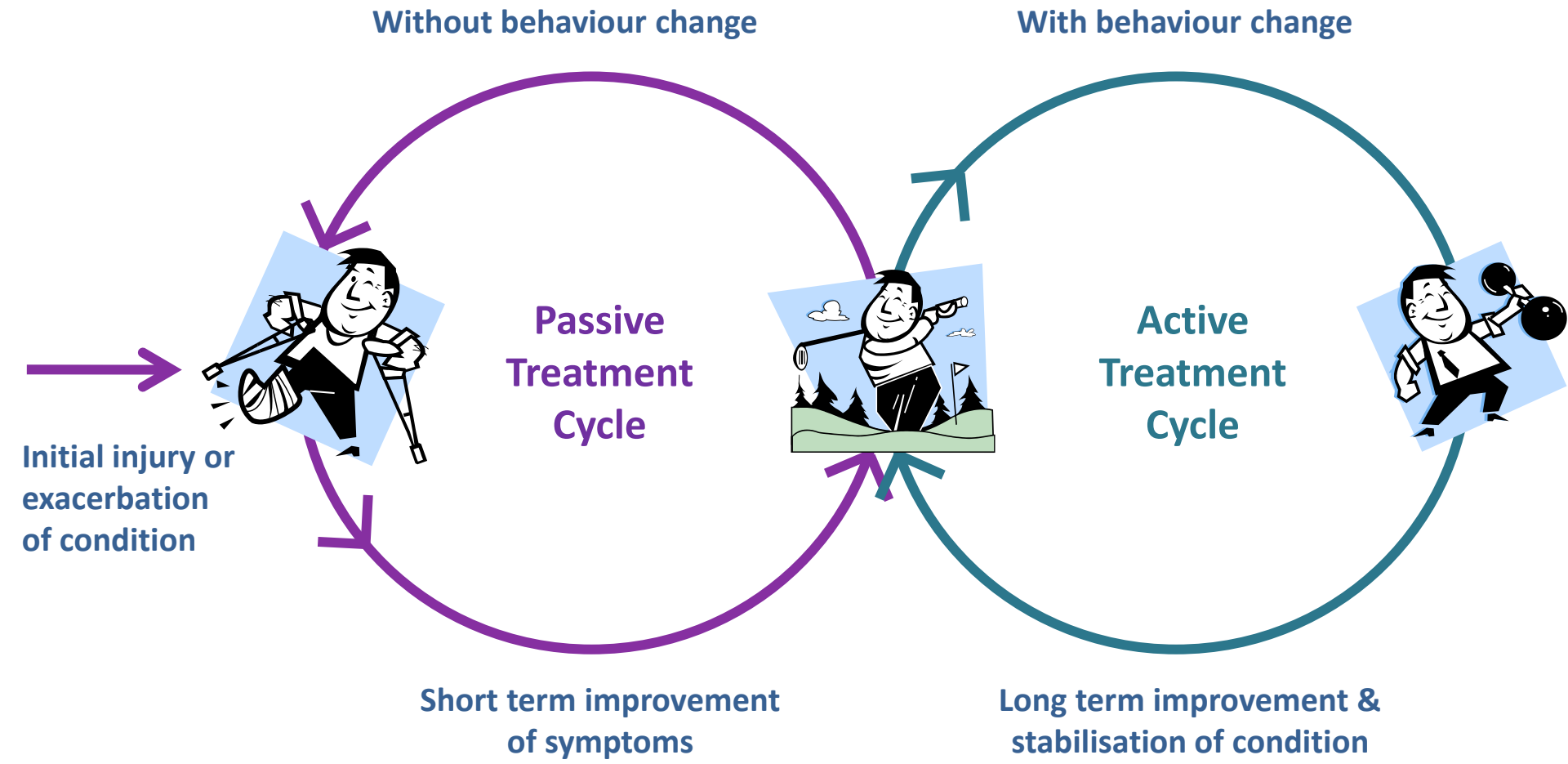
Worker's reflection:

I wanted to get better as fast as possible and know how to prevent this from happening again

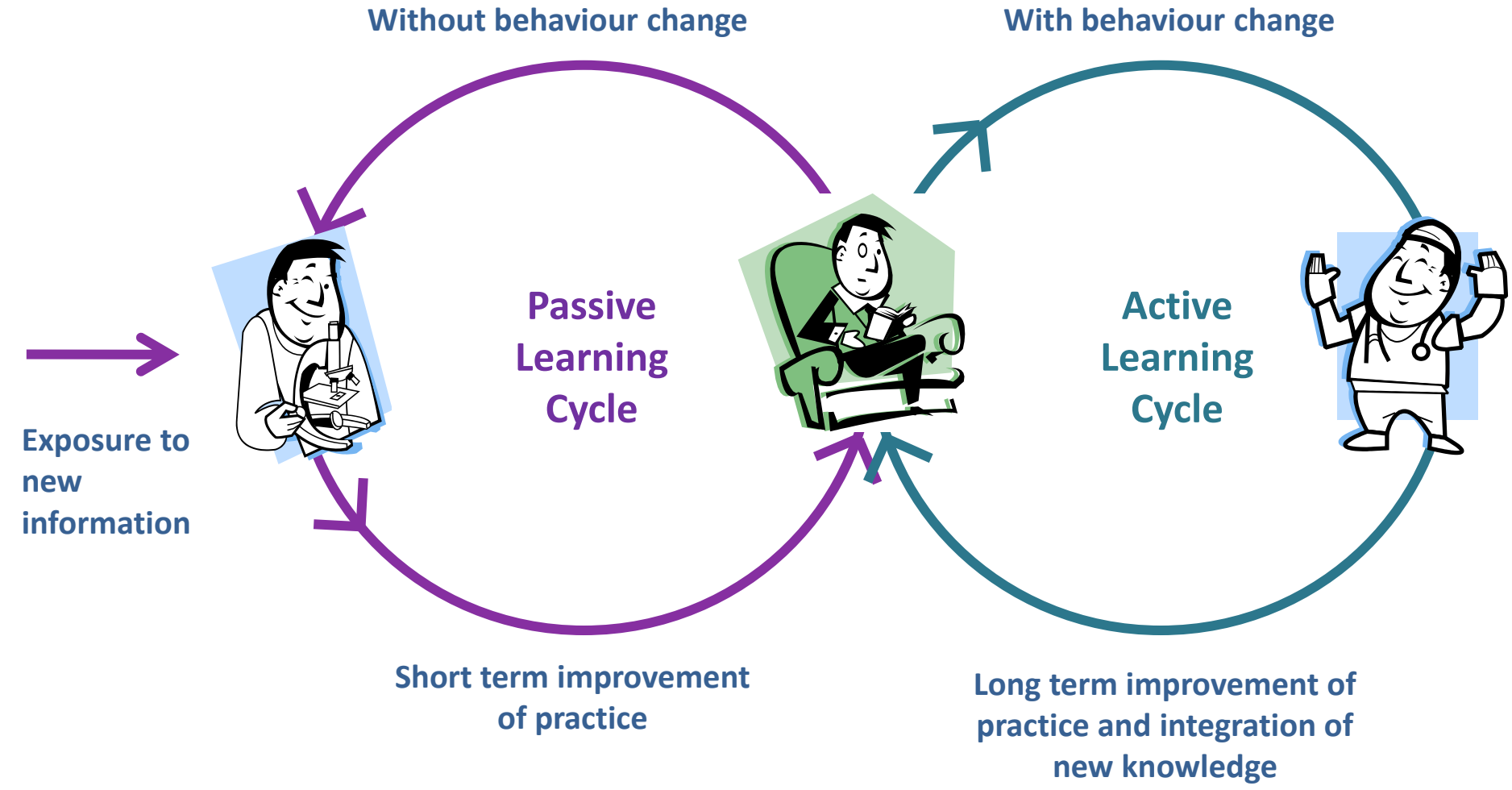
The physio sessions helped me to reclaim my life by giving me understanding and control over my recovery.
I'm still a little cautious but I now know what to do to manage my back and stay out of pain

Return

What is required for patient success?



What is required for clinician success?



What do your clients value?

What do you value as a professional?

How do you want your practice to be perceived?

The HCA model of health change (HCA approach)

1. Integrates *patient-centred communication* and *behaviour change* principles and processes into a ***clinical practice decision framework***

2. Aims to increase patient adherence to treatment and lifestyle recommendations by:
   - systematically building patient ***motivation*** and ***confidence***
   - quickly identifying and addressing ***barriers to change***
   - Building enduring patient ***self-management skills***

What's the evidence?

- Evidence-based health behaviour change principles and techniques
  - Health behaviour change theory
  - Brief motivational interviewing
  - Solution-focused counselling & coaching literature
  - Cognitive behavioural counselling techniques
  - Health coaching literature
  - Chronic disease prevention and management programs
- The HCA approach bridges the gap from theory to practice

Australian applications

- Community health: early intervention in chronic disease (CD), hospital risk reduction, chronic & complex care, home & community care, disease-specific programs, rehab programs
- State-based CD risk reduction & CD management programs: NSW/ACT/TAS Get Healthy, NSW Live Life Well Diabetes Prevention, NSW Connecting Care Program (Severe CD Management), VIC WorkHealth Coach Program
- Other applications: disability services, aged care, general practice, allied health, mental health, rehabilitation
- Research: Deakin University NHMRC (HIPP Study/healthy pregnancy); Melbourne University (knee osteoarthritis and lung cancer nurse coaching to support physiotherapy interventions)

Key questions above and below the decision line

Does the client know and understand the broad lifestyle and treatment categories applicable to their condition/s?

Have they been assisted to collaboratively prioritise these?

Are they ready, willing, able and committed to taking action?

Decision Line

Macro View

Micro View

Ready to Take Action

What options do they have for taking action in a particular category?

What is their personal goal and plan?

Are they confident they can do this and what might get in the way?

Will I review the client and what other support do they need?

Incorporating behaviour change support

Clinical tasks	Adaptation
Before assessment	What's in it for the client? What can they expect from your service?
During assessment	Focus on assessment, don't complicate it
Providing lifestyle & treatment recommendations & macro level education	Keep it simple but provide an overview Identify current knowledge, gaps and misinformation
Prioritising lifestyle and treatment recommendations	What will benefit *this* client the most to start with? Ensure the client sees benefit in taking action
Providing targeted micro level education	Don't overwhelm the client with too much to do at once
Conducting personal goal setting and action planning	Be specific, offer choice, identify barriers (especially thinking and planning barriers), check confidence in carrying out tasks Invite the client to write down information

Thank you for your attention!

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