

The Human Face of Adherence

Janette Gale, Health Psychologist



www.healthcoachingaustralia.com.au



Advice alone is not enough

Adherence to long term therapies – Evidence for Action (WHO 2003)

Common Responses to Diagnosis, Medical & Lifestyle Advice

Hopelessness

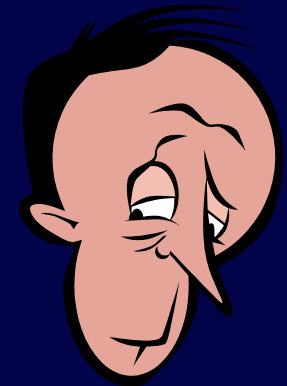


Feeling Overwhelmed

Fear



Guilt



Frustration



Anger



Despair

Shame

Resistance



Confusion



Avoidance Response



To adhere to medical and lifestyle recommendations, the patient needs to:

1. **Know what to do** (treatment recommendations),
2. **Decide to** make the necessary changes, and
3. **Identify how to** carry out the chosen actions:
 - a) Have the skills and resources to initiate and maintain the changes
 - b) Be able to identify and address barriers to change

Health Behaviour Change Goals



Generic Health Behaviour Change Processes Applicable across the spectrum of goals (HCA Model)

1. Identify Health Issues & Lifestyle Change Options
2. Set Agenda (based on readiness)
3. Explore Motivation
4. Patient Makes Decision Decision Line
5. Explore Options
6. Select & Refine Specific Goal
7. Create Action Plan
8. Support Striving & Maintenance

Fundamental Principles

- **Autonomy** and **choice** are critical to making and persisting with lifestyle changes.
- Fundamental **cognitive changes** in beliefs & thinking are needed to change health behaviours.
- Success rate is increased if the **patient writes** down goals & plans.
- The patient is the expert in what might suit his/her **own life**.
- A **health** versus mental health approach.

To Increase Avoidance & Resistance

- **Didactically “tell”** patients what to do without asking their input and without addressing how to do it.
- **Argue** the point.
- Set goals around taking action before the patient has **decided** that it is in their interests to take action (especially when ambivalence is present).
- **Scare** patients into action without offering hope (especially when confidence is low).
- Set goals that are **overwhelming** in magnitude or number. (especially when confidence is low)
- Let patients leave a consultation without a (written) **plan** – preferably in their own hand writing.

To Increase Adherence

1. Understand the many **legitimate barriers** to adherence
2. Ascertain patients **understanding** of their condition/s & medical recommendations
3. Ask patients their **Readiness** in making the recommended changes, how **Important** they think it is to make the changes & how **Confident** they are in being able to make & sustain the changes.
4. **If Readiness or Importance are low** – allow the patient to examine the pros & cons involved in engaging in recommended behaviours
5. **If confidence is low** – reduce the magnitude or number of goals the patient will initially try to achieve & work towards larger or multiple goals in small increments over time.

Motivational Barriers

(Readiness to Change)

Importance (Why should I change?)
(personal values & expectations
of the importance of change)

Timing

Readiness

Confidence (How will I do it?)
(self-efficacy)

(Ready, Willing & Able?)


Conversational Style

- Do **you** feel that you need to adjust your diet at all?
How would this be helpful to you?
- Do you feel that you are **ready** to quit smoking, or do you need more time to think about it?
- I know that everyone talks about the **importance** of regular exercise, but how important is it to you personally to exercise regularly right now?
- How **confident** do you feel about taking the medications that you have been prescribed?

Decision Balance

The decision that I am considering is whether or not to do _____ to improve my health.

	Don't Change Anything	Adopt New Behaviour
Pros	Barriers to Change	Benefits of new behaviours over time
Cons	Negative consequences of current behaviour over time	Barriers to Change



“Does this help you to make a decision one way or the other?”

Barriers to Lifestyle Change

Behaviours, Emotions, Situations, Thoughts

- Readiness
- Importance
- Confidence
- Timing
- Understanding
- Remembering
- Planning & Scheduling
- Problem solving deficits
- Support systems
- Saboteurs
- Undermining beliefs
- Negative thinking
- Procrastination
- Strength of habits
- Lack of Willpower
- Lack of Waypower
- Energy levels
- Fears
- Pain & injury
- Burnout

Decision Balance Questions

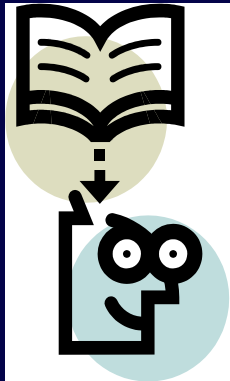
1. What's working for you now?
2. What's not so good about what you are doing now? What are the possible long-term consequences? **
3. Why might you consider adopting new habits? What benefits would you expect to gain from changing things? **
4. What's not so good about changing things?

**** these questions can increase Importance**

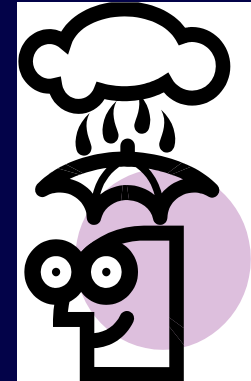
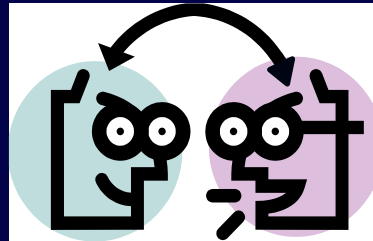
policy, health system,
bureaucracy, funding,
research, evidence base,
efficacy, availability, training,
experience, beliefs,
personality, time

Barriers & Facilitators

society, culture, family, work,
priorities, values, habits,
preferences, situation,
finances, access,
experience, beliefs,
personality, time



Health
Professional



Client

Is Adherence SEP?

Somebody else's problem...

Is your role:

1. To provide expert advice? or
2. To improve patient health outcomes?

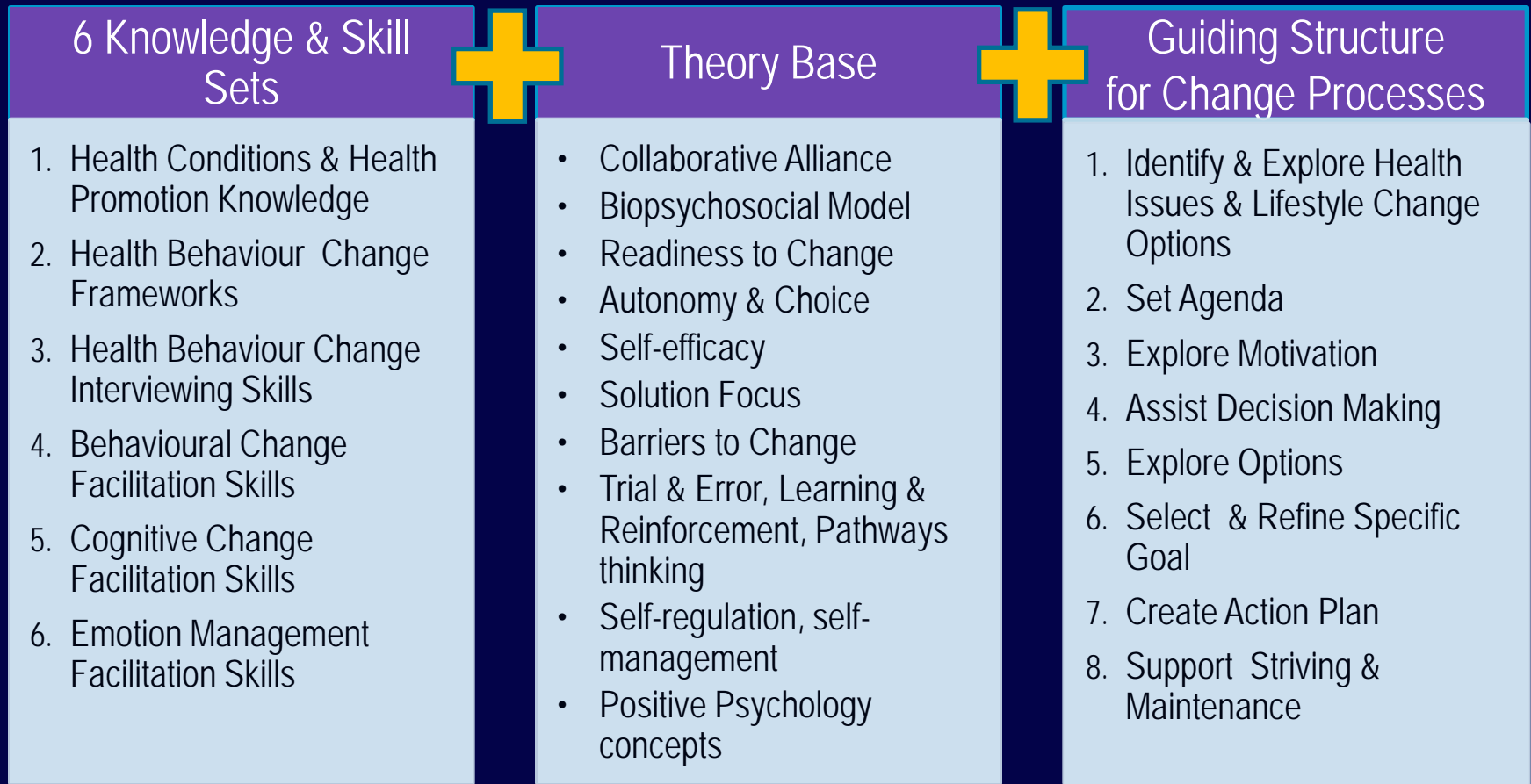
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HCA MODEL OF HEALTH COACHING



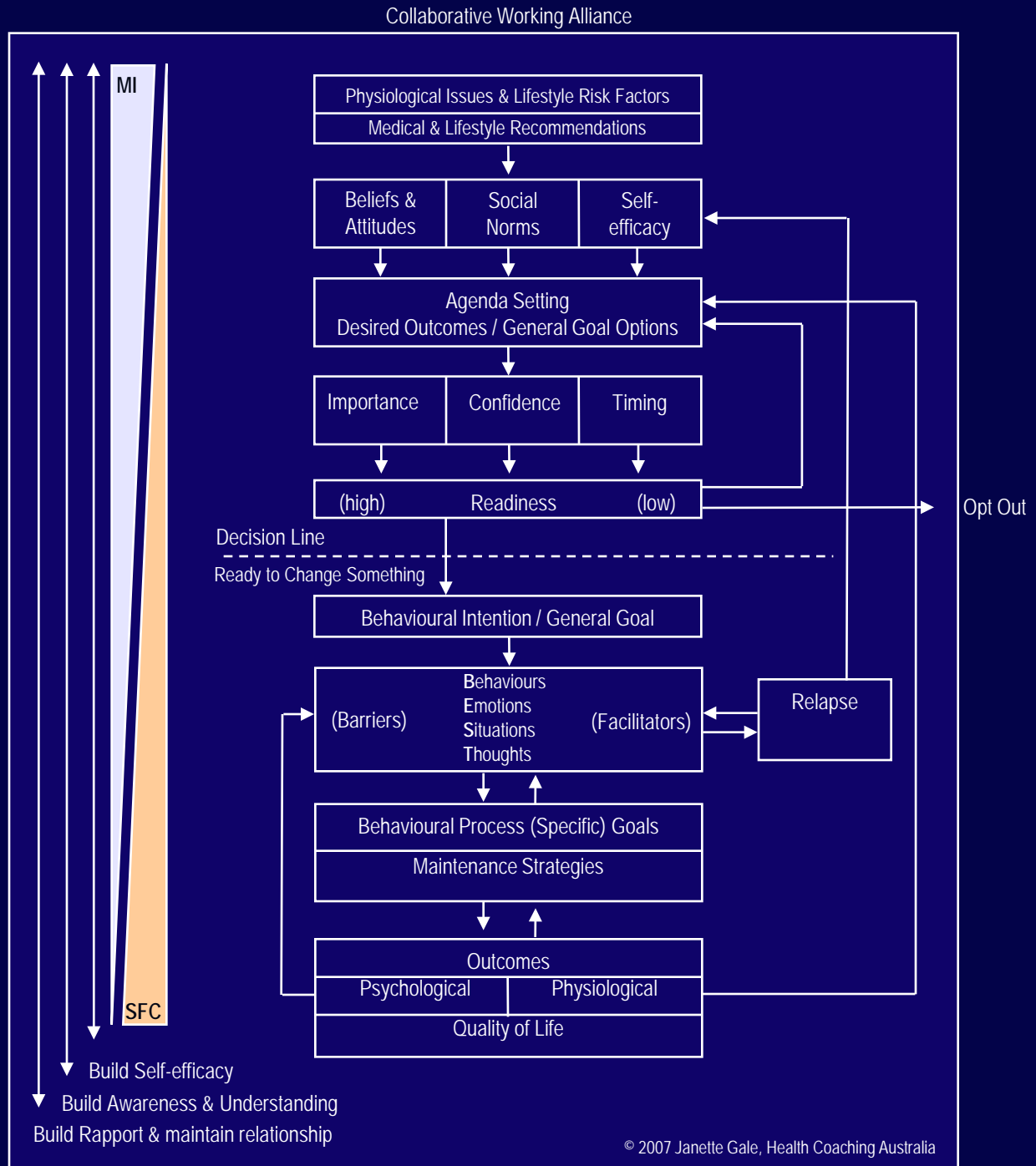
HCA Model = **What** to do + **Why** you are doing it + **How** to do it + a set of **Tools**
To assist clients to adhere to medical and lifestyle recommendations

HCA Health Coaching Theoretical Model



Audio file talking through the model available from:

www.healthcoachingaustralia.com.au



MI – Motivational Interviewing
SFC – Solution-focused Coaching

Health Coaching for Adherence

HCA Health coaching is a system of *evidence-based principles and techniques* that have been built into a *structure that guides* health professionals in how to *facilitate health behaviour change* in their patients or clients.

The model actively identifies and addresses behavioural, emotional, situational and cognitive *barriers to change* and *builds skills* in decision making, problem solving and planning.

HCA Model Key principles - 1

Structured guidance for health professionals to know which techniques to use at any point in a consultation - to stay on task and use time efficiently and effectively – this makes health coaching interventions more effective (incl. time and cost effective).

Blending assessment, treatment recommendations and education into the health behaviour change process.

Responsibility for intrinsic self-motivation and behaviour change rests with the client and is actively promoted.

HCA Model Key principles - 2

Scaling, tracking and working with **readiness** to change, **importance** in making changes and **confidence** in making changes. Use of these principles to check and increase likely efficacy of behaviour change attempts.

Use of **brief motivational interviewing** and **solution-focused coaching**, depending upon client's assessed state of readiness at any point in time.

Blending **cognitive change techniques** with MI and SFC techniques to enhance their efficacy by engaging the client in cognitive restructuring to increase motivation.

HCA Model Key principles - 3

Retaining consultation **focus on the client's health** behaviour change process.

Actively identifying and addressing behavioural, emotional, situational and cognitive **barriers** to change.

Encouraging **trial and error** learning and pathways thinking (Hope Theory), highlighting and normalising barriers to change, building in contingency planning and relapse prevention strategies.

HCA Model Key principles - 4

Use of **targeted vs global** assessment and education, depending on client's current needs.

Wherever possible, the **client does the writing** – increases behaviour change attempts by up to 10 times.

Adapting pace and techniques to suit the client (culture, literacy, intellectual functioning, personality, age, emotional state etc.).