Buckinghamshire Healthcare
NHS Trust

Application of Behavioural Change Theory into Practice – an example.

Community Neurological Rehabilitation Service, Buckinghamshire 2018.

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Rehabilitation Pathway pre 2014

- Referral
- Triage (questionnaire)
- Active Rehabilitation (goal-orientated)
- Discharge/Review

Assess the Patient

- ‘Discrepancy between what they say they will do and actual behaviour’.
- ‘Emotional turmoil, barrier to setting goals’
- ‘People who are passive – esp in relation to physio’.
- ‘People who don’t do their exercises’.
- ‘Why are they not doing them, what’s not working, is it me?’
- ‘Patient’s are not going to meet their potential – feels frustrating’.

Assess the Patient

- ‘How do I motivate people?’
- ‘I continue to offer sessions, hoping I can make a change’.
- ‘People go round the houses – difficulty discharging’.
- ‘Mood management/heightened emotion – when to act, when is the right time?’.
- ‘How do you confront, explore this within therapy – it gets in the way!’.

Evidence Based Practice Model

- Assess the Patient
- Ask the question
- Acquire the evidence
- Apply the evidence
- Self-Evaluation

- Sackett D (2002) Evidence-based medicine: How to practice and teach EBM (2nd Edition) London: Churchill Livingstone.

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Ask the question

1. Why are some clients not progressing when they present with sufficient levels of physical and cognitive skills?
2. What skills as clinicians do we need to identify and draw out a client's readiness to change within neurological rehabilitation?
3. How can we provide the right therapy to the right clients at the right time?

Acquire the evidence

- Factors that hinder and promote behaviour change.
- Health belief models.
- Behavioural Change Models.
- Action to Change Process Models.
- Skills – Motivational Interviewing, Acceptance and Commitment Therapy.

Motivational Interviewing.

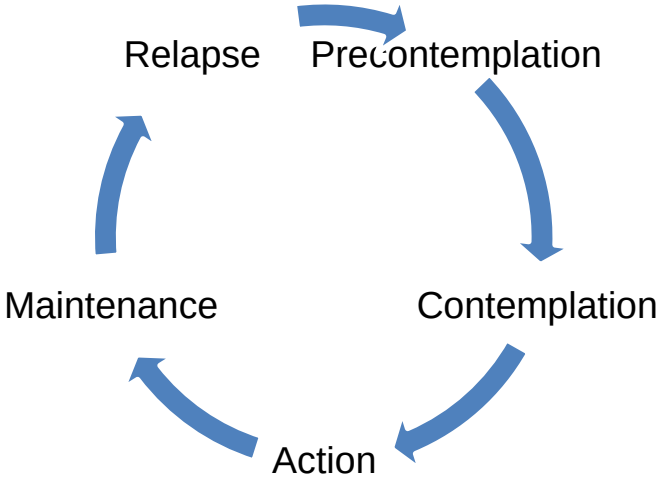
- Communication Style – not a therapy approach.
- A series of methods to enhance engagement.
- The spirit of Motivational Interviewing.
- Exploration of a persons thinking – readiness.
- Move away from a ‘fix it response’
- Allows exploration of emotional/psychological barriers, difficulties with acceptance and adjustment.
- Offers strategies to explore these with the person and help move the person forward.

Apply the evidence

- Triage/initial assessment to the team.
- Using Motivational Interviewing techniques.
- Open questions.
- ‘I am really keen to hear your story’.
- ‘Tell me how you are finding life at the moment’.
- ‘Can you tell me a little bit more about that’.
- Reflecting back.
- Summarising.

Apply the evidence

- Health belief model – degree of control (self efficacy), the degree to which this will impact upon future and future plans.
- Laventhal's Social Cognition Model – Neurological Cognition Management Worksheet.
- Stages of change - Prochaska J.O and DiClemente 1982



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Apply the evidence

- Acceptance of Illness Scale.
- Readiness Questionnaire.
- Patient Activation Measure (Pilot).

- Neurological Condition Management Worksheet – adaptation of behavioural models/health belief models.

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Rehabilitation Pathway 2018

- Referral (Readiness to change and acceptance of illness questionnaires).
- Triage (To establish person's core priorities, concerns & establish readiness to change - MI).
- Rehabilitation

Active	Contemplation	Pre-Contemplation
Traditional goal-orientated.	Emotional, Psychological Barriers. Strengthening motivation and commitment to change.	Difficulties accepting & Implications for living life. Unable to implement helpful strategies. High levels of distress.

- Discharge/Review.

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Acceptance and Commitment Therapy

- Helping people to move forward with living life.
- Explores values.
- How near or far is a person to meeting their values within life/day to day living.
- Explores/acknowledges thoughts and feelings getting in the way of a person moving towards living life by their values.
- Thinking-self and the observer-self.
- Not becoming fixed and defined by thoughts.

Evaluation

- Many people with a Long-term health condition experience emotional and psychological difficulties.
- People who are struggling to accept and adjust to their long-term condition and present with emotional and psychological difficulties are likely to struggle with active rehabilitation and or self-management/maintenance.
- The use of specialist engagement techniques for example Motivational Interviewing enables us to more easily and quickly identify these people.
- A rehabilitation model that incorporates behavioural change theory provides the service with more versatility, provides clinicians with increased skills and confidence and enables increased clinical effectiveness and efficiency.
- Next step –coaching.