

# Bad decisions to good decisions

**Dr. Dayna Lee-Baggley, Ph.D.**

**Registered Psychologist**



**Dr. Dayna Lee-Baggley**  
Centre for Behaviour Change Research  
Dalhousie University/NSHA



# Disclosures

- I have the Relationships with commercial interests:
  - Advisory Board/Speaking Fees:
    - Tobacco Free Nova Scotia – Clinical Advisory Board (Honorarium)
    - Bausch - Scientific Advisory Board (Honorarium, speaking fees)
  - Consulting Fees:
    - HeadCan (Consulting fees)
    - Canadian Spondylitis Association (Consulting fees)
  - Other:
    - New Harbinger Publications (Royalty fees)
- Commercial Support Disclosure:
  - This program has received no financial or in-kind support from any commercial or other organization

# The challenge of poor adherence

All prescriptions written for chronic disease

70% will be filled

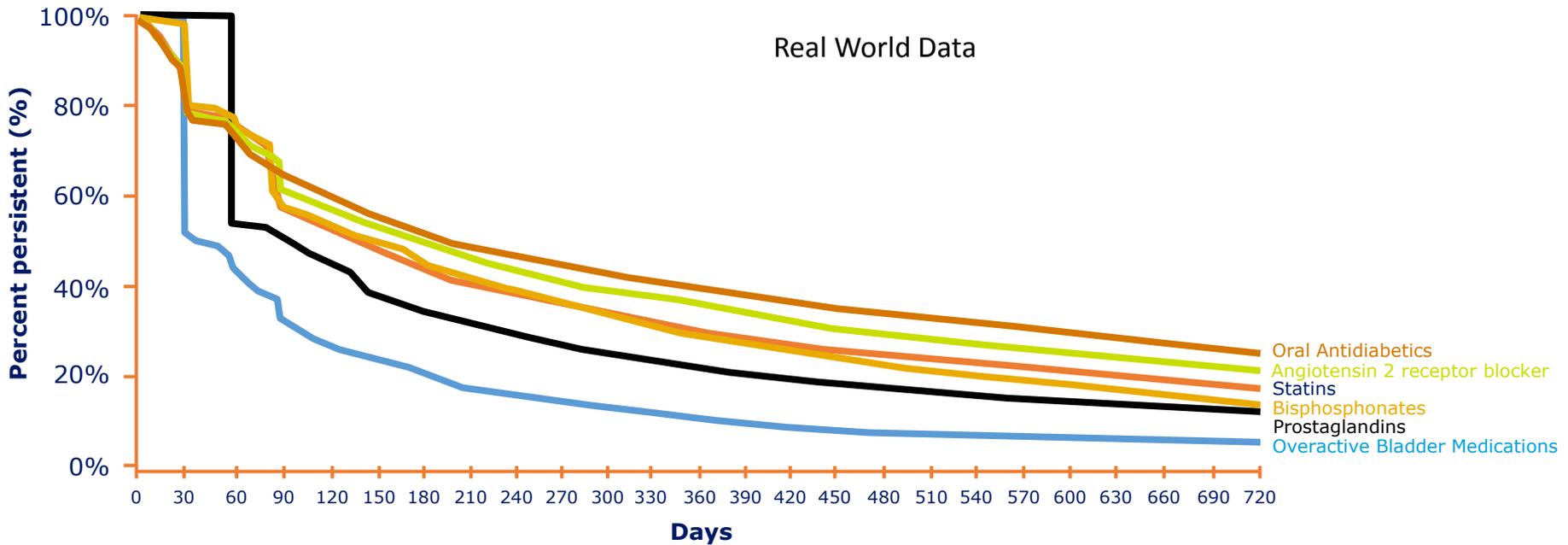
50% of those will be taken as prescribed

Costs \$290 billion per year!

0%

100%

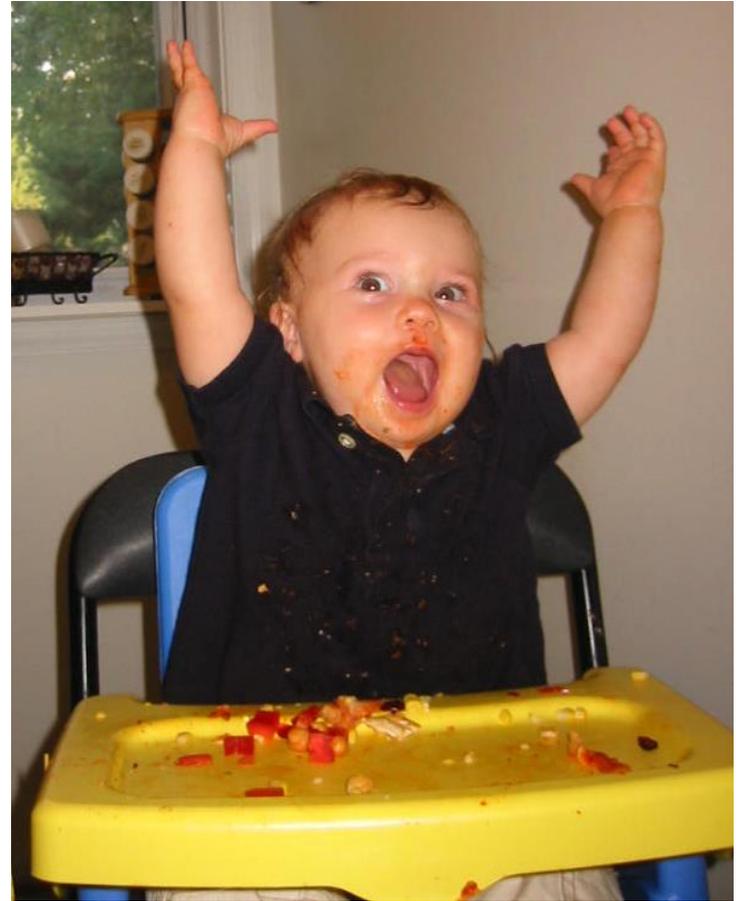
# The challenge of poor adherence



Retrospective database study  
ARB, angiotensin II receptor blocker; OAB, overactive bladder

# Raise your hand if you:

- **Don't smoke.**
- **Eat 5 servings of fruits or veggies per day.**
- **Limit foods and beverages high in calories, fat, sugar or salt.**
- **Get 30 minutes of physical activity per day.**
- **Get 8 hours of sleep per night.**



# Adherence to Health Behaviour

- **Healthy lifestyle can be defined by:**
  - **Not smoking**
  - **Being a healthy weight**
  - **Being physically active**
  - **Eating 5 daily servings of fruits and vegetables**
- **What percentage of US citizens engaged in all 4 behaviours?**

**3%**

# Why are bad decisions so common?

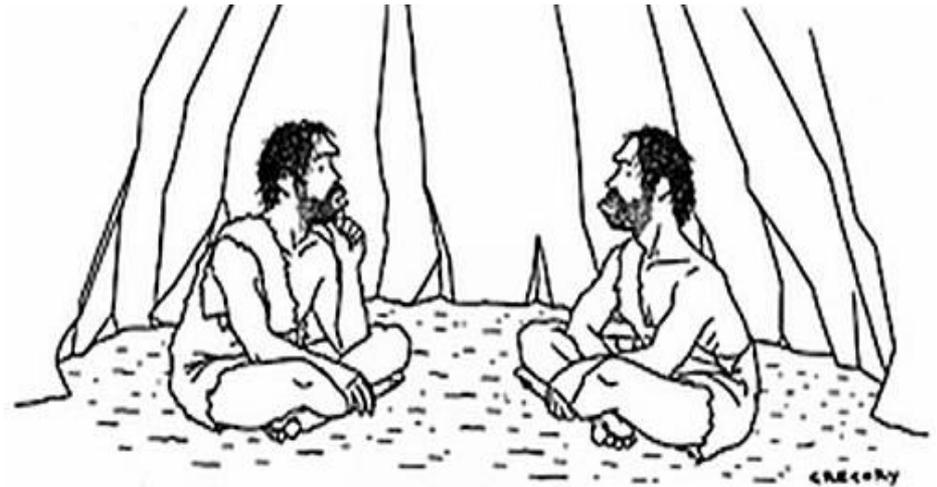
**We are designed to:**

- **seek pleasure**
- **avoid pain**
- **do the thing that takes the least amount of effort**
- **live for today**

# Healthy Behaviour Is Hard!

Healthy behaviour  
requires us to:

- avoid pleasure
- accept pain
- do the thing that takes the most amount of effort
- live for the future
- **Healthy behaviour is abnormal!**



*“Something’s just not right—our air is clean, our water is pure, we all get plenty of exercise, everything we eat is organic and free-range, and yet nobody lives past thirty.”*

# Turning bad decisions into good decisions

- **Chronic disease self-management requires:**
- **Shared decision making**
- **Change based relationship**
- **Supporting behaviour change**
- **Understanding and promoting readiness**

# Shared decision making

- **Shared decision making is when a healthcare provider and patient share information, build a consensus and agree on a decision**
- **Patients have a preference for shared decision making**
  - **81% consider it very important, and an additional 17% quite important (online survey of over 1,000 Dutch IBD patients)**

# Shared decision making

## Teach and tell

- **Prescriptive:**
- **“Would you be able to increase your walking activity to 3 times a week, for about an hour each time? Or build a 30-minute walk into your daily routine?”**

## Collaborate and empower

- **Collaborative:**
- **“Are you interested in increasing your walking activity? How would you like to increase it –by the number of days per week, or by the intensity or duration of existing walks? What would work best in your life?”**

# Shared decision making

- **Bond** (working together in a respectful way);
- **Task** (agreeing on who does what to get to the goal);
- **Goal** (agreeing on the value of final outcome);

# Shared decision making

---

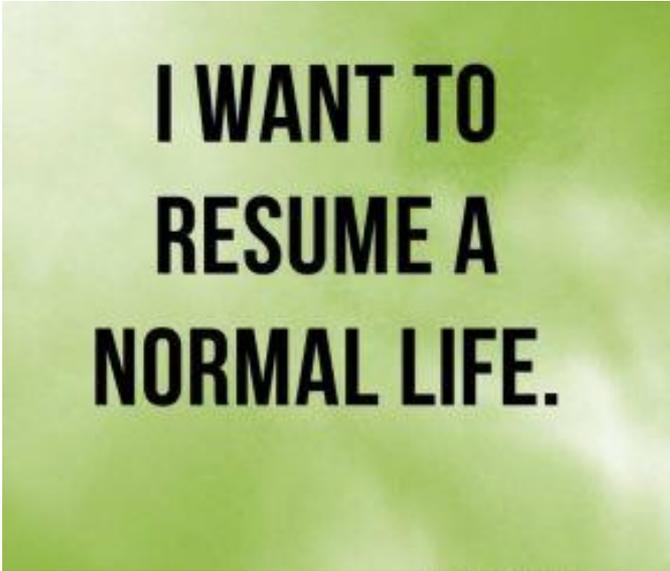
**What do we want:**

**For the patient to think only  
about their chronic disease.**

**What do patients want:**

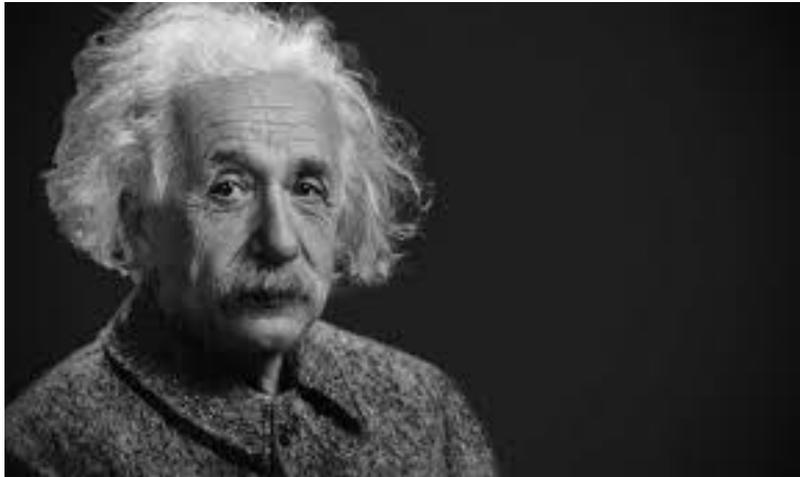
**To not think about their chronic  
disease at all.**

**They want to feel “normal”.**



**I WANT TO  
RESUME A  
NORMAL LIFE.**

# Motivational Communication



**If I had an hour to solve a problem I'd spend 55 minutes figuring out the problem and 5 minutes figuring out the solution.**

**Source: Einstein**

# Nonjudgmental curiosity

- All behavior has a function



# Empathy



# Validate



"I don't reimburse. I validate. I listen and acknowledge how difficult it was for you to find a place to park."

# Validate

- **To confirm or acknowledge.**
- Validating a patient is not the same as validated their beliefs.
- **Reflective listening.**
- “You don’t think your medications are working. Given that, it makes sense you’re not taking them.”



# Behaviour change

- Can only happen when a specific behavior is identified.
- Requires the patient to be ready for change.



# Behavioural Goals

- **Behaviour is:**
  - **Observable**
  - **Measureable**
  - **Under direct control of the patient.**
  - **Meaningful to the patient.**
- 
- **Learned helplessness**



# Define the Behaviour

- “Taking your medication?”
- “Are you taking this medication at this dosage 3 times a day at breakfast, lunch, and dinner?”
- “How many days of the week do you do that?”



# Readiness for change

- **Readiness** for change is a state that fluctuates over time.
- We can assess readiness for change.



# Natural change in readiness

- **How does change happen naturally?**
  - **Current situation becomes problematic**
  - **Problem causes distress**
  - **There is an interest in change**
  - **Person is ready to take action**
- **These 4 conditions become questions in a readiness assessment**

# Assessing readiness for change

1. **“Do you consider [the behaviour] a problem?”**
2. **“Are you bothered by [the behaviour]?”**
3. **“Are you interested in changing [the behaviour]?”**
4. **“Are you ready to change now?”**



# Green Light

1. “Do you consider your salt intake to be a problem?” **YES**
2. “Are you bothered by your salt intake?” **YES**
3. “Are you interested in changing how much salt you eat?” **YES**
4. “Are you ready to change now?” **YES**



# Yellow Light

- Expresses ambivalence: Can see negatives and positives to their behaviour.
- “Yes, but”
- What does “yes, but” mean?
- **No, because**

Proceed with caution



# Red Light

- They do not consider the behaviour a problem.
- They see no drawbacks to the behaviour.
- A “not yes” to all of the questions.



**STOP**

# Green Light

## My Top 5 Reasons I'm Excited for Change



- Look of reasons that are personal and meaningful.
- Related to identity and values.
- Not making “health” more important.

# Values

- **What is your heart's deepest desire for how you want to behave as a human being?**
- **What kind of person do you want to be?**
- **What really matters?**

# Values give Direction



# Values

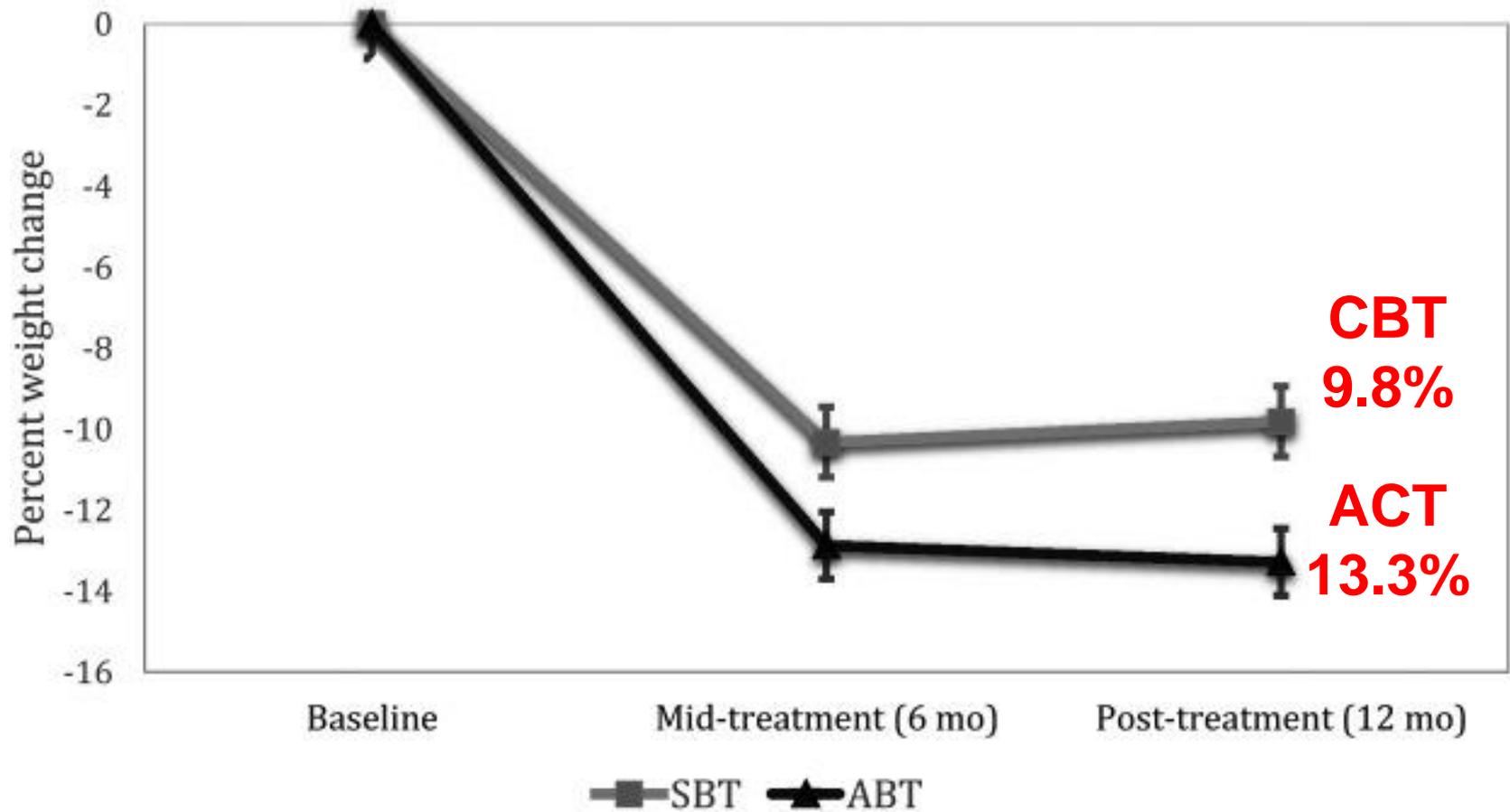
- Instead of “**what’s the matter with you**” we should be asking “**what matters to you**”
- What’s going to make it worth it for you to do this hard work.

# Values

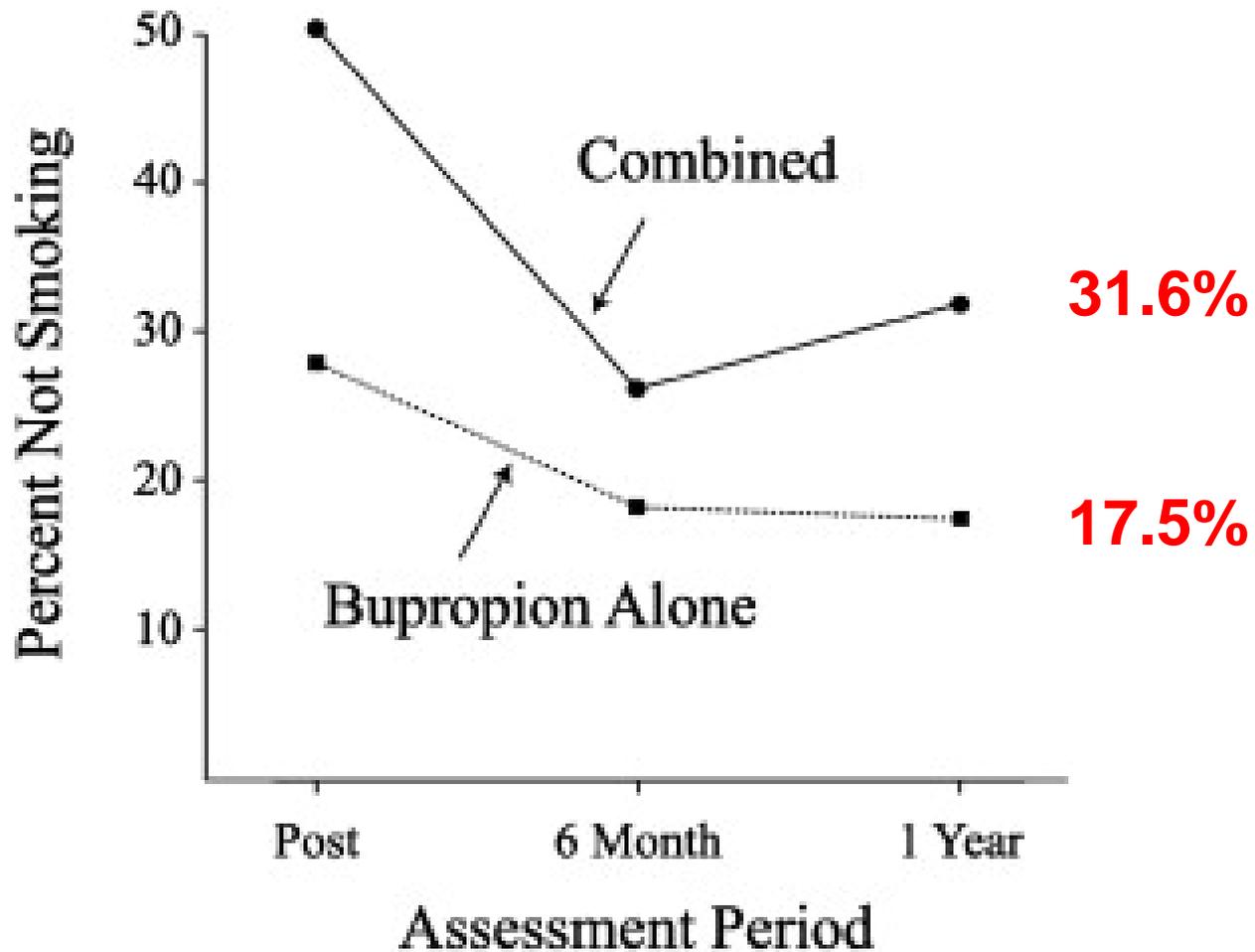
- **Why do you want to be healthier?**
- **What will you do with your extra health, energy, years of life on earth?**

# Linking values and health behaviours





Source: Forman et al. (2016) Obesity

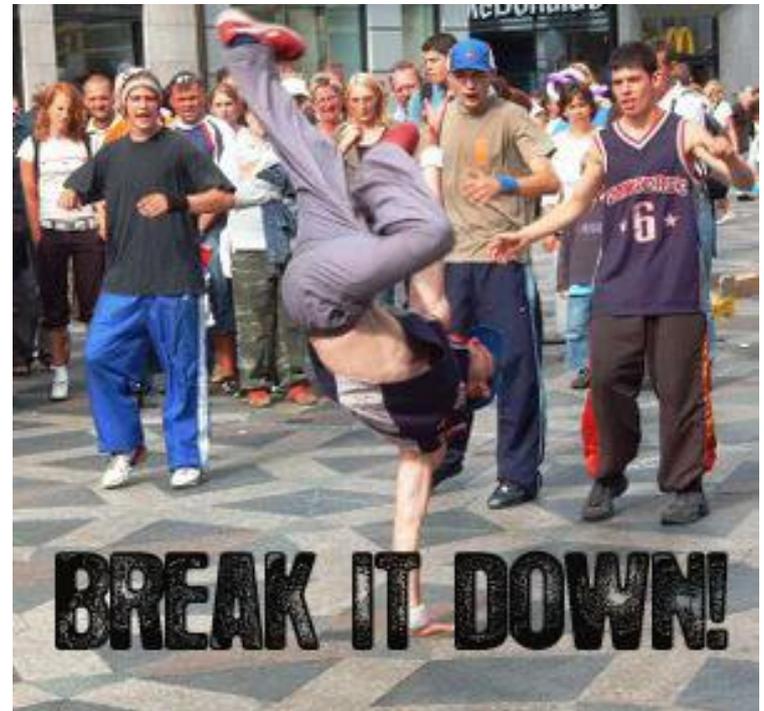


Source: Gifford et al. (2011) Behavior Therapy

# Green Light

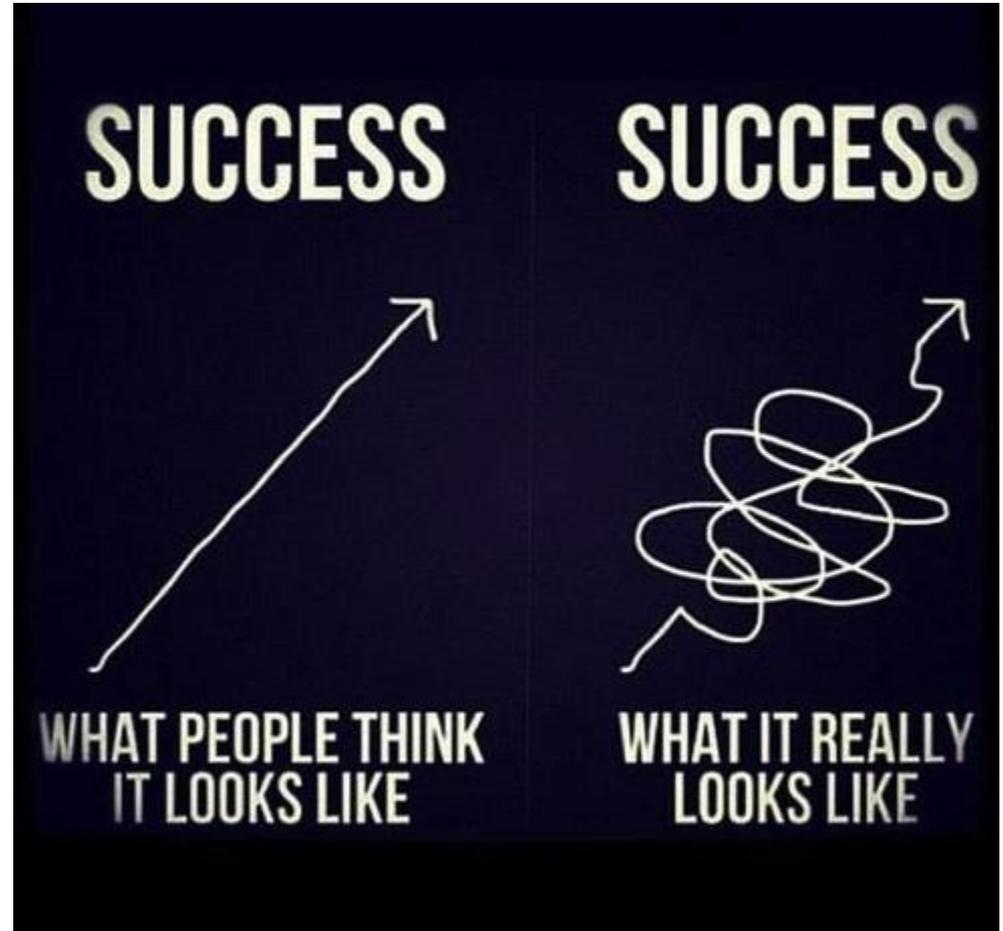
## SMART goals:

- The 90% goal
- Break down a large goal into smaller pieces
- Success breeds success
  
- Take your medication in the morning
- Take medication on Mondays



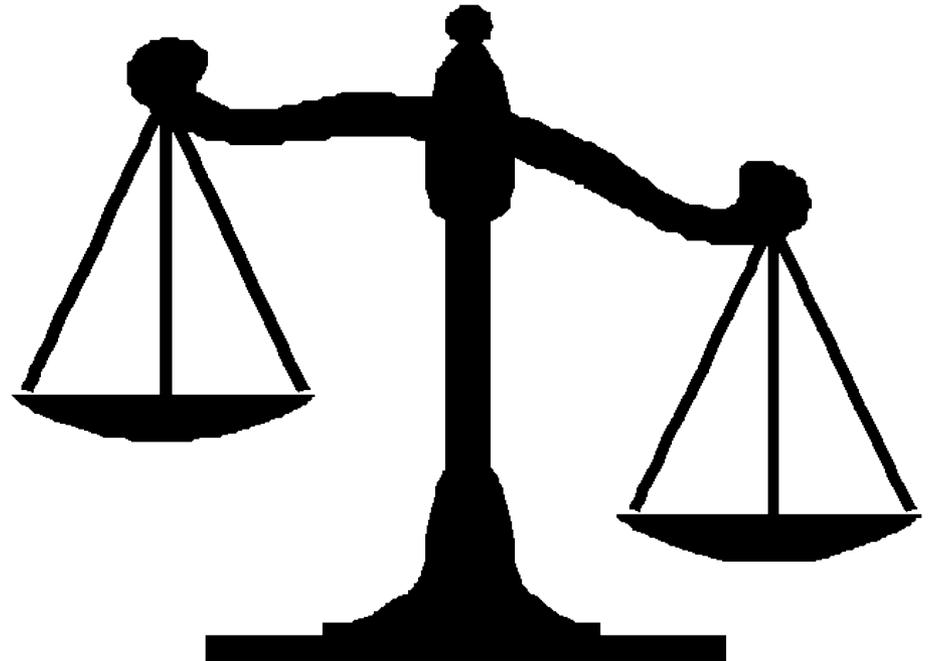
# Green Light

**The question isn't if you will fall of the wagon. The question is how long will it take you to get back on.**



# Yellow Light

- Decisional balance.
- Examine the pros and cons of the behaviour.
- **Nonjudgmental curiosity.**
- **Validation.**
- **Empathy.**



# Yellow Light

- **Always start with the pros of an unhealthy behaviour or the cons of a healthy behaviour.**
- **What do you like about [the behaviour]?**
- **What is good/helpful/useful about [the behaviour]?**
- **What don't you like about [the behaviour]?**
- **What is bad/unhelpful/problematic about [the behaviour]?**

# Yellow Light

**Behaviour change happens when:  
the pros of changing outweigh the cons of  
the changing.**



Source: Hall & Rossi (2008)



Available online at [www.sciencedirect.com](http://www.sciencedirect.com)



Preventive Medicine 46 (2008) 266–274

Preventive  
Medicine

[www.elsevier.com/locate/ypmed](http://www.elsevier.com/locate/ypmed)

Review

Meta-analytic examination of the strong and weak principles  
across 48 health behaviors

Kara L. Hall \*, Joseph S. Rossi <sup>1</sup>

*University of Rhode Island, Kingston, RI, USA*

Available online 22 November 2007

**120 datasets from 10 countries, comprising 48 health behaviours and 47,747 participants, were analysed for effect size in moving from pre-action to action**

- **Average ES for pros was 1.00 (weighted SD 0.34, 95% CI 0.93–1.06, range 0.07–2.65)**
- **Average ES for cons was 0.56 (weighted SD 0.34, 95% CI 0.50–0.63, range -0.44–1.94)**

**The cons don't go away or get smaller, change happens when the pros get bigger (what's going to make it worth it for you to do this).**

# Red Light

## **Steps for Proceeding Under a Red Light:**

- **Take the expectation of change off the table.**
- **Your job is to understand why ‘not changing’ makes sense for this individual and summarizing to the patient (nonjudgmental curiosity, validating, empathizing).**

# Red Light

## **Steps for Proceeding Under a Red Light:**

- **The ‘intervention’ is maintaining the relationship.**
- **Shared decision making on what is important (find a green light behavior).**
- **Your ‘outcome’ is does your patient want to come back?**
- **Do no harm.**
- **The most difficult for us!**

*Thank  
you*



**Dayna Lee-Baggley, Ph.D.  
Registered Psychologist  
dayna.lee-baggley@dal.ca  
www.drleebaggley.com  
902-800-0018**