



EVIDENCE-BASED TIPS FOR HEALTHY BEHAVIOUR CHANGE

Connie Davis

29 Mar 2018

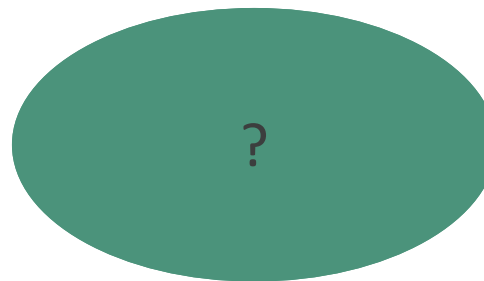
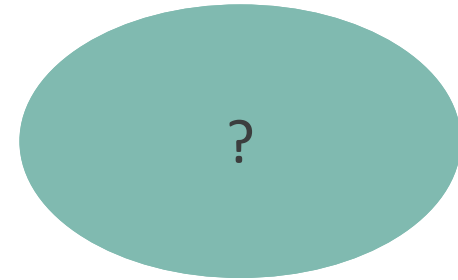
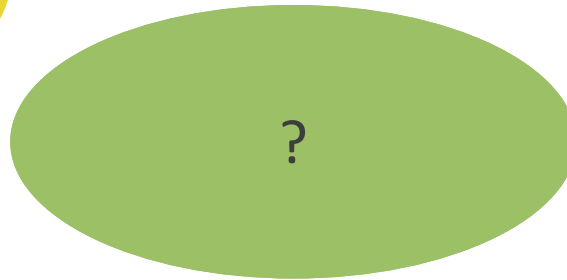
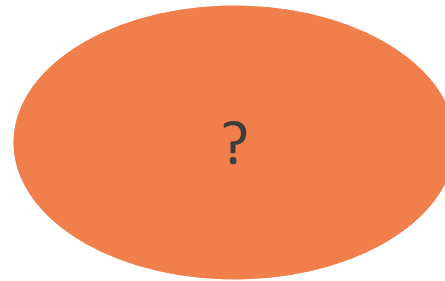
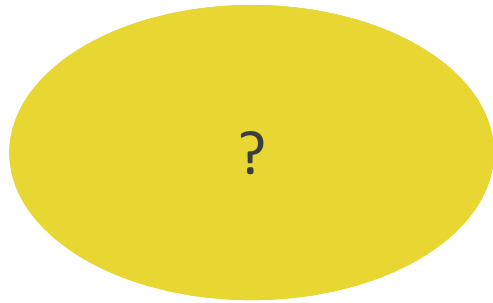
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WHAT DID YOU HOPE TO ACCOMPLISH TODAY?





EVIDENCE BASE FOR EVERY STEP IN BAP

REPORTS FROM THE FIELD

Brief Action Planning to Facilitate Behavior Change and Support Patient Self-Management

Danara Gutnick, MD, Kathy Reims, MD, Connie Davis, MN, ARNP, Heather Gainforth, PhD, Melanie Jay, MD, MS, and Steven Cole, MD

ABSTRACT

- **Objective:** To describe Brief Action Planning (BAP), a structured, stepped-care self-management support technique for chronic illness care and disease prevention.
- **Methods:** A review of the theory and research supporting BAP and the questions and skills that comprise the technique with provision of a clinical example.
- **Results:** BAP facilitates goal setting and action planning to build self-efficacy for behavior change. It is grounded in the principles and practice of Motivational Interviewing and evidence-based constructs from the behavior change literature. Comprised of a series of 3 questions and 5 skills, BAP can be implemented by medical teams to help meet the self-management support objectives of the Patient-Centered Medical Home.
- **Conclusion:** BAP is a useful self-management support technique for busy medical practices to promote health behavior change and build patient self-efficacy for improved long-term clinical outcomes in chronic illness care and disease prevention.

Chronic disease is prevalent and time consuming, challenging, and expensive to manage [1]. Half of all adult primary care patients have more than 2 chronic diseases, and 75% of US health care dollars are spent on chronic illness care [2]. Given the health and financial impact of chronic disease, and recognizing that patients make daily decisions that affect disease control, efforts are needed to assist and empower patients to actively self-manage health behaviors that influence chronic illness outcomes. Patients who are supported to actively self-manage their own chronic illnesses have fewer symptoms, improved quality of life, and lower use of health care resources [3]. Historically, providers have

tried to influence chronic illness self-management by advising behavior change (eg, smoking cessation, exercise) or telling patients to take medications; yet clinicians often become frustrated when patients do not “adhere” to their professional advice [4,5]. Many times, patients want to make changes that will improve their health but need support—commonly known as self-management support—to be successful.

Involving patients in decision making, emphasizing problem solving, setting goals, creating action plans (ie, when, where and how to enact a goal-directed behavior), and following up on goals are key features of successful self-management support methods [3,6–8]. Multiple approaches from the behavioral change literature, such as the 5 A's (Assess, Advise, Agree, Assist, Arrange) [9], Motivational Interviewing (MI), and chronic disease self-management programs [10] have been used to provide more effective guidance for patients and their caregivers. However, the practicalities of these approaches in clinical settings have been questioned. The 5A's, a counseling framework that is used to guide providers in health behavior change counseling, can feel overwhelming because it encompasses several different aspects of counseling [11,12]. Likewise, MI and adaptations of MI, which have been shown to outperform traditional “advice giving” in treatment of a broad range of behaviors and chronic conditions [13–16], have been critiqued since fidelity to

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Brief Action Planning A White Paper

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Hope, Canada
Sumas, WA, USA

Download this white paper at www.ccmi.ca

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RESEARCH USING BAP

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RESEARCH USING BAP

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Feature Article

The effect of a “surveillance nurse” telephone support intervention in a home care program

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ABSTRACT

This study is an evaluation of a unique “surveillance nurse” telephone support intervention for community-dwelling elderly individuals in a home care program. A combined propensity-based covariate-matching procedure was used to pair each individual who received the intervention (“treatment” condition, $n_T = 930$) to a similar individual who did not receive the intervention (“control” condition, $n_{C1} = 930$) from among a large pool of potential control individuals ($n_{CO} = 4656$). The intervention consisted of regularly scheduled telephone calls from a surveillance nurse to proactively assess the individual’s well-being, care plan status, use of and need for services (home support, adult day program, physiotherapy, etc.) and home environment (e.g., informal caregiver support). Treatment and control conditions were compared with respect to four service utilization outcomes: (1) rate of survival in the community before institutionalization in an assisted living or nursing home facility or death, (2) rate of emergency room registrations, (3) rate of acute care hospitalizations, and (4) rate of days in hospital, during home care enrollment. Results indicated a beneficial effect of the surveillance nurse intervention on reducing rate of service utilization by increasing the duration of the home care episode.

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Introduction and background

older comprised only 14% of the Canadian population in 2009/10, they accounted for 40% of all hospitalizations and had hospital stays

RESEARCH ABOUT BAP TRAINING

Research article

Testing the feasibility of training peers with a spinal cord injury to learn and implement brief action planning to promote physical activity to people with spinal cord injury

Heather L. Gainforth¹, Amy E. Latimer-Cheung¹, Connie Davis², Sheila Casemore³, Kathleen A. Martin Ginis⁴

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Objective: The present study tested the feasibility of training peers with spinal cord injury (SCI) to learn brief action planning (BAP), an application of motivational interviewing principles, to promote physical activity to mentees with SCI.

Method: Thirteen peers with SCI attended a half-day BAP workshop. Using a one-arm, pre-, post-test design, feasibility to learn BAP was assessed in terms of peers' (1) BAP and motivational interviewing spirit competence; (2) training satisfaction; and (3) motivations to use BAP as assessed by measures of the theory of planned behavior constructs. Measures were taken at baseline, immediately post-training, and 1 month follow up.

Results: Following the training, participants' BAP and motivational interviewing competence significantly increased (P 's < 0.05 , d 's > 2.27). Training satisfaction was very positive with all means falling above the scale midpoint. Participants' perceived behavioral control to use BAP increased from baseline to post ($P < 0.05$, $d = 0.91$) but was not maintained at follow up ($P > 0.05$).

Conclusion: Training peers with a SCI to learn to use BAP is feasible.

Practical implications: BAP is a tool that can be feasibly learned by peers to promote physical activity to their

BAP IN PEDIATRIC OBESITY PREVENTION

Pediatric Obesity Prevention in Primary Care: Employing Brief Action Planning With the Family Nutrition Physical Activity for Obesogenic Behavior Screening

Amy L. Christison, MD¹, Kelly Lowry, PhD², Ryan Robin, BS¹, Carl Asche, PhD¹, Jinma Ren, PhD¹, Carmen Kirkness, PhD¹, Damara Gutnick, MD³, Kimberly Haddock, RN¹ and Adolfo J. Ariza, MD²,

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Purpose

- Implementing recommendations for lifestyle screening and counseling about weight status and obesogenic behaviors are challenging for primary care providers.^{1,2,3}
- A practice-based intervention designed to increase patient health behavior action planning was implemented to facilitate adoption of these recommendations.
- Family Nutrition Physical Activity (FNPA)⁴ a brief screen for obesogenic behaviors, paired with Brief Action Planning (BAP)⁵: a quick motivational interviewing-informed (MI) support technique, were employed during well-child check-ups (WCCs).
- Primary objective:** to evaluate health behavior goal setting documented during HSVs.
- Secondary objectives:** to measure the identification of obesity and adherence to recommended follow-up visits, practitioner acceptability of the intervention, parent satisfaction with the counseling process and tools, and degree of patient and family goals achievement.

Methods

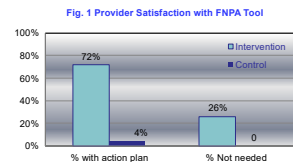
- Pediatric and family medicine practices paired by specialty and socioeconomic demographics were randomized into intervention and control practices.
- Intervention practices received 5 hours of training in BAP and the FNPA for 3 months followed by 3 months of implementation targeting children ages 4-17 years during WCCs.
- Control group practices provided usual care.
- Provider level outcomes: 1) action plan documentation, 2) weight status discussion, 3) self-efficacy of health behavior discussions pre-/post-intervention, 4) satisfaction with the intervention.
- Patient level outcomes: 1) success with action plans at 1 month, 2) perceived patient-centeredness of encounter, 3) satisfaction with the intervention.
- Outcomes were measured by chart abstraction, provider surveys and confidence ratings on self-efficacy and patient surveys 1-month post visit.

Results

Table 1: Provider Demographics

	Intervention Practices (N=19)	Control Practices (N=17)
Years in Practice (mean)	12.5 years	11.7 years
Age (mean)	45.5 years	42.5 years
Gender	7 males 12 females	5 males 12 females
Race	16 Caucasian 1 Other	17 Caucasian
Degree	8 MD 5 DO 4 APN 2 PA	11 MD 1 DO 5 APN
Specialty	9 Family Medicine 8 Pediatrics 2 Medicine/Pediatrics	9 Family Medicine 5 Pediatrics 3 Medicine/Pediatrics

Twelve practices were randomized to intervention and control groups (19 and 18 providers). No differences in demographics or prior exposure to MI/BAP existed between groups. No significant differences in demographics or weight status existed between the participating 210 intervention and 220 control group patients. (Tables 1&2)

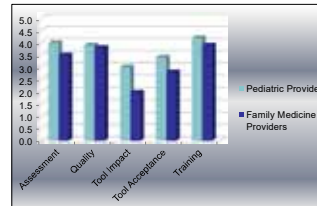


More intervention encounters had action plans (72% vs. 3.6%, $p<0.05$) and weight status discussions documented in the chart (52% vs. 38%, $p<0.05$) compared to control encounters. (Fig.1)

Table 2: Patient Demographics

	Intervention (N=210)	Control (N=220)
Age (mean)	10.7 years	10.4 years
Gender	93 males 117 females	107 males 113 females
Race	180 Caucasian 6 African American 2 Asian 4 Hispanic 18 Other 2 Unknown	187 Caucasian 12 African American 2 Asian 1 Hispanic 14 Other 4 Unknown
Income Level	36 (<\$25K) 39 (\$25K-50K) 36 (\$51K-75K) 81 (>\$75K) 18 (Unknown)	33 (<\$25K) 55 (\$25K-50K) 33 (\$51K-75K) 89 (>\$75K) 10 (Unknown)
BMI (mean)	20.0 kg/m ²	19.8 kg/m ²
BMI percentile (mean)	142 (<85%) 36 (85-94%) 31 (>95%) 1 (Unknown)	152 (<85%) 30 (85-94%) 36 (>95%) 2 (Unknown)

Fig. 2 Provider Satisfaction for Pediatric and Medicine Providers

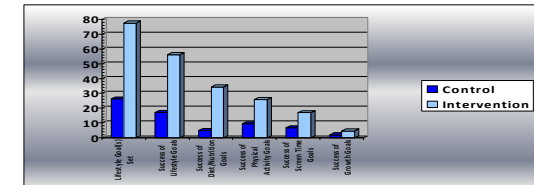


- Intervention providers increased confidence to assess readiness, counsel families on diet, and patients on physical activity, ($p<0.05$).
- Provider satisfaction with assessment and quality of the tool was high (3.8 and 3.9 of 5-point rating).

Results

- Intervention patients set more lifestyle related goals (77.6% vs. 26.2%, $p<0.05$); met their goals most of the time (56.2% vs. 17.1%, $p<0.05$); all lifestyle goals significantly met except growth goals. (Fig. 3)
- They perceived the visit as patient-centered (3.67 vs. 3.41 of 4-point rating, $p<0.05$), and rated ease of intervention as high (3.6 to 3.92 of 4-point rating).

Fig. 3 Success of Action Plans 1 month post-visit: % lifestyle goals made and met most of the time; % of 4 different lifestyle goals met most of the time



Conclusion

Use of the FNPA tool paired with BAP improved documentation of health behavior action plans and weight status discussions during WCCs. More intervention patients were successful in meeting their plans at 1 month. This practice-based approach can effectively increase provider confidence in effectiveness in influencing patient health behaviors. Further study of this intervention's sustainability and impact on growth trajectories of pediatric patients is warranted.

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BAP IN SPINAL CORD INJURY



Archives of Physical Medicine and Rehabilitation

journal homepage: www.archives-pmr.org

Archives of Physical Medicine and Rehabilitation 2016;97:1687-95



ORIGINAL RESEARCH

Empowering Adults With Chronic Spinal Cord Injury to Prevent Secondary Conditions



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Miriam Brody, MPH,^{a,b} Sam Burnett, MA,^c Hannah Mercier, PhD, MS, OTR/L,^{a,b}
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Timothy Belliveau, PhD, ABPP,^{a,e} David Rosenblum, MD,^{a,d} Alan Jette, PhD, PT^{a,b}

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Abstract

Objective: To develop and assess the feasibility of My Care My Call, an innovative peer-led, community-based telephone intervention for individuals with chronic spinal cord injury (SCI) using peer health coaches.

Design: Qualitative pilot study.

BAP IN HOME DIALYSIS



BRIEF ACTION PLANNING (BAP):

A SELF-MANAGEMENT SUPPORT TECHNIQUE FOR PROMOTING COLLABORATIVE GOAL SETTING FOR PATIENTS ON HOME DIALYSIS

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INTRODUCTION
 Chronic Kidney Disease (CKD) patients cope with complex health issues where self-management support can improve motivation, shared decision-making, self-efficacy and increase healthy behaviours. Developed by The Centre for Collaboration, Motivation and Innovation (CCMI), BAP is an innovative self-management support technique used to build skills and confidence. CCMI defines BAP as a "highly structured, stepped-care, self-management support technique grounded in the principles and practice of motivational interviewing and behavior change theory and research". Collaborative goal setting specific to CKD patients is a novel paradigm in which BAP has not been applied.

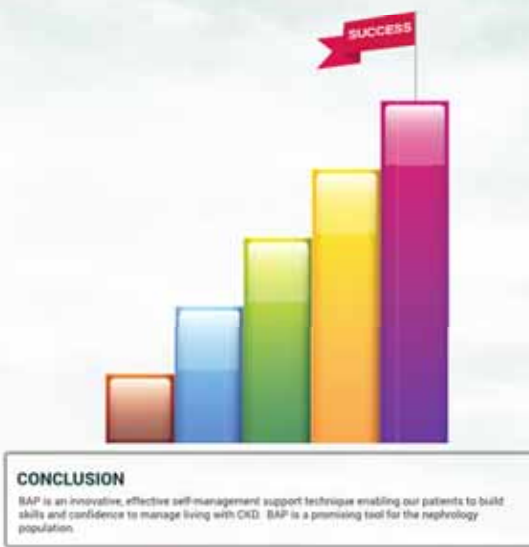
OBJECTIVE
 BAP was piloted on home dialysis patients to determine the impact of collaborative goal setting on self-management behaviours, self-efficacy and clinical outcomes.

METHOD
 For 5 months, patients engaged in: setting goals and action plans, problem solving using a behavioural menu, rating confidence and determining a check-in method to review how their action plan went, what was learned and next steps.

RESULTS
 18 participants created 32 action plans (72% partially fully completed). Patient's motivation to set goals increased when they related to a symptom, functional status or quality of life indicator. Common action plan themes emerged. Regarding symptom management, patients experiencing itchy skin - set phosphorus management goals. Shortness-of-breath -> set fluid/sodium management goals. Hypoglycemia - improved glycemic control. Concerning functional status, goals were to improve energy or mobility. Quality-of-life goals included enhancing relaxation through reading or family time.

MOTIVATION TO SET GOALS INCREASED WHEN PATIENTS RELATED TO:	COMMON ACTION PLANS
SYMPTOMS →	Itchy skin → set phosphorus-management goal Shortness-of-breath → set fluid management goal Hypoglycemia → set glycemic control goal
FUNCTIONAL STATUS →	Set goals to improve energy or mobility
QUALITY OF LIFE →	Set goals to enhance relaxation through reading or family time

Clinical outcomes demonstrated improvements in serum potassium, phosphorus, glucose, fluid-management, energy and activity.



Acknowledgement: We would like to thank the Centre for Collaboration, Motivation and Innovation (www.centcmi.ca) for permission to use and adapt the following materials for Nephrology: "Taking Care of My Health and Well-being", "Check in" and "Behavioural Menu"

WORKS IN PROGRESS – PROPOSED, IN PROCESS OR NO PUBLICATIONS YET

peers Spinal Cord Injury

chiropractors for guideline based care

pediatric obesity – BAP, fitbit, coach

diabetes and exercise

physiotherapists – stepped care physical
activity



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THINK ABOUT A BEHAVIOUR CHANGE YOU HAVE MADE



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WHAT GOT YOU STARTED?



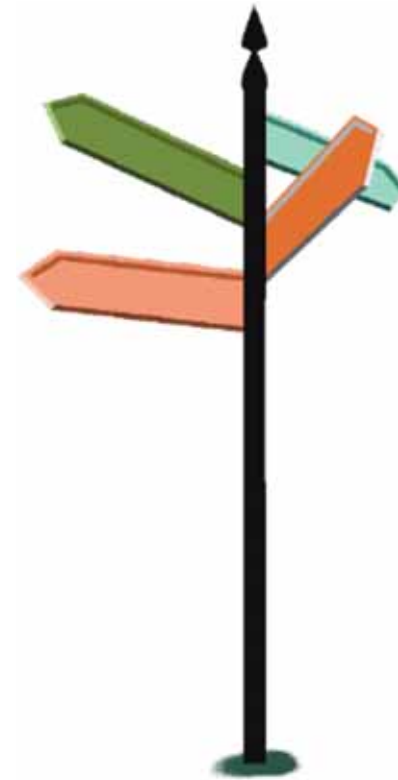
DID THE CHANGE LAST?



FOUR PATHS TO BEHAVIOUR CHANGE

Pleasurable Change
Environmental Change
Breakthrough Change
Incremental Change

Dr David Sobel, Kaiser Permanente



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FOUR PATHS TO BEHAVIOUR CHANGE

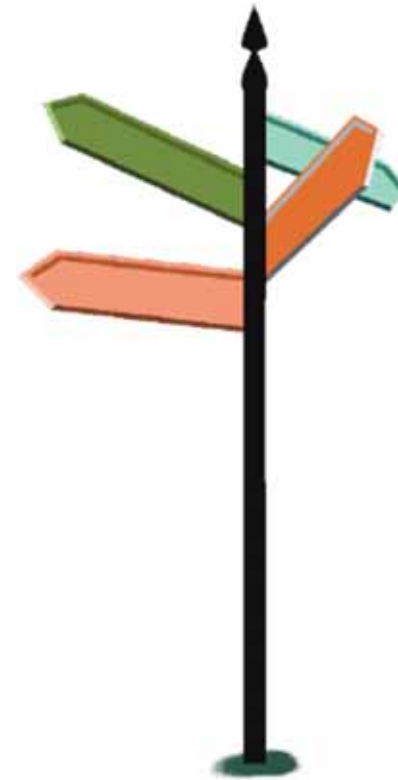
Pleasurable Change

Environmental Change

Breakthrough Change

Incremental Change

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ENJOYMENT DURING EXERCISE

41 people recruited to an exercise study

Intervention Group: trainers emphasized fun and positive emotions

Control Group: usual training approach.

Intervention group: better mood, better adherence to physical activity

FOUR PATHS TO BEHAVIOUR CHANGE

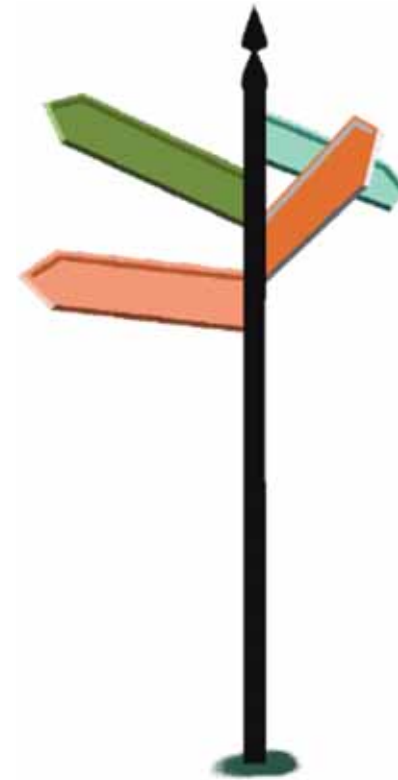
Pleasurable Change

Environmental Change

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DIET AND BEHAVIOUR CHANGE TECHNIQUES IN DIABETES

Systematic review and meta-analysis of 54 studies

Most commonly used behaviour change techniques were

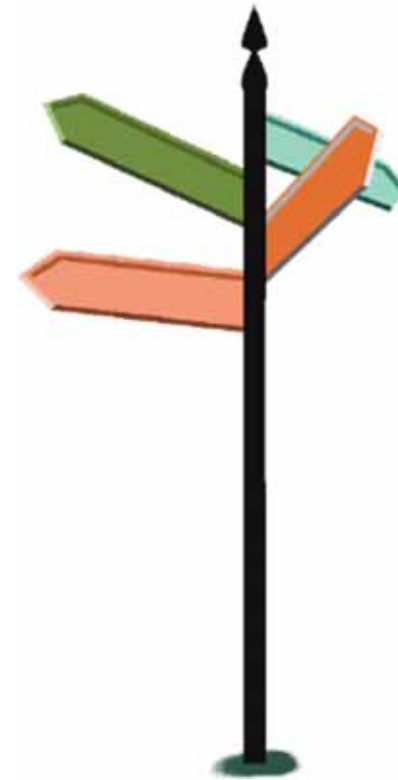
- › Feedback on behaviour
- › Adding objects to the environment
- › Social comparison

Studies that changed the environment had greater effect

FOUR PATHS TO BEHAVIOUR CHANGE

Pleasurable Change
Environmental Change
Breakthrough Change
Incremental Change

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TEACHABLE MOMENTS

What is a teachable moment?

- › An opportunity?
- › A context when viewed in retrospect, had a higher than expected behaviour change?
- › A phenomenon with a strong cue?

Teachable moments can be created through clinician-patient interaction.

TEACHABLE MOMENTS, CONT.

Observational Study of 811 visits to 28 primary care clinicians.

Surveyed patients about what was recalled from visits.

Teachable moments had higher recall (83% vs 49-74%)

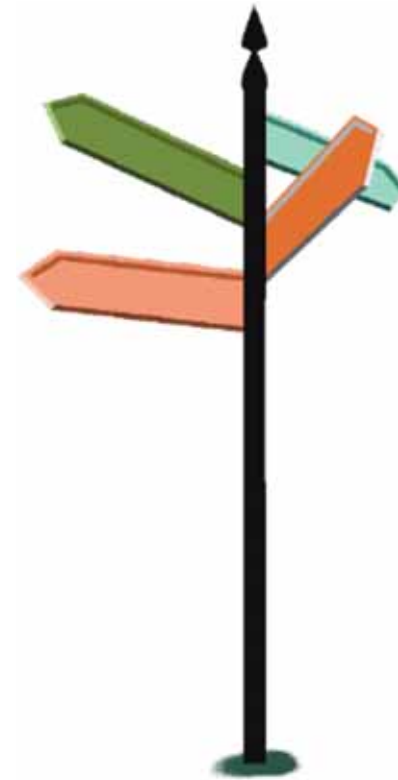
Higher importance and confidence than non-teachable moments.

Did not translate into lower BMI.

FOUR PATHS TO BEHAVIOUR CHANGE

Pleasurable Change
Environmental Change
Breakthrough Change
Incremental Change

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BEHAVIOUR CHANGE AND ACTIVATION

Lumbar spine surgery patients (n=122)

Intervention was a 40 minute Motivational Interviewing based phone call.

Results

- › If had higher activation after intervention, did more exercise after surgery.
- › Barriers: Low self-efficacy, anxiety about moving after surgery, concern about pain management

PEER SUPPORT – HIV CARE

Peer supporters for men and transgender women leaving Los Angeles county jail
12 session, 24 week program of peer counseling using goal setting and problem solving around HIV care and adherence starting when in jail.

Accompanied them to two HIV care visits, assisted with communication with clinicians.

HIV PEER SUPPORT

Control group received usual case management.

Results:

- › 49.6% of those with a peer navigator achieved remission
- › 36% of those in transitional case management achieved remission
- › Maintained in the peer group at 12 months.

EIGHT EVIDENCE-BASED STRATEGIES

STEPHANIE A. HOOKER, PHD, MPH, ANJOLI PUNJABI, PHARM, MPH,
KACEY JUSTISEN, MD, LUCAS BOYLE, MD, AND MICHELLE D. SHERMAN, PHD, ABPP

Encouraging Health Behavior Change: Eight Evidence-Based Strategies

Using these brief interventions, you can help your patients make healthy behavior changes.



Effectively encouraging patients to change their health behavior is a critical skill for primary care physicians. Modifiable health behaviors contribute to an estimated 40 percent of deaths in the United States.¹ Tobacco use, poor diet, physical inactivity, poor sleep, poor adherence to medication, and similar behaviors are prevalent and can diminish the quality and length of patients' lives. Research has found an inverse relationship between the risk of all-cause mortality and the number of healthy lifestyle behaviors a patient follows.²

Family physicians regularly encounter patients who engage in unhealthy behaviors; evidence-based interventions may help patients succeed in making lasting changes. This article will describe brief, evidence-based techniques that family physicians can use to help

ABOUT THE AUTHORS

Dr. Hooker is a clinical psychology professorial fellow in primary care behavioral health at the Department of Family Medicine and Community Health (FACCH) at the University of Minnesota in Minneapolis. Dr. Punjabi is an addiction care pharmacy resident at the University of Minnesota College of Pharmacy. Dr. Justisen is an assistant professor in the DEPCD and medical director of the University of Minnesota Physicians' Substance Family Medicine Clinic in Minneapolis. Dr. Boyle is a first-year family medicine resident at the Wisconsin Family Medicine/Health Behavior Family Medicine Residency Program in Menomonie. Dr. Sherman is a clinical social psychologist and professor in the DEPCD who also directs the research financial planning program.

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CROSS-BEHAVIOUR TECHNIQUES

SMART goal setting

Problem-solving
barriers

Self-monitoring



INCREASING PHYSICAL ACTIVITY

Specific type,
amount and
frequency



HEALTHIER EATING

Small changes
Plate method



SLEEP

Brief behavioural therapy

- › Sleep diary
- › Sleep restriction
- › Sleep scheduling



MEDICATION ADHERENCE

Information about medication

Link to an existing habit

Engage social network



SMOKING CESSATION

Address five R's

- › Relevance
- › Risks
- › Rewards
- › Roadblocks
- › Repeat

Set a quit date



SUMMARY

Paths to Behaviour
Change

Pleasurable

Environmental

Breakthrough

Incremental

Evidence-based
approaches

SMART goals

Problem-solving
barriers

Self-monitoring

Some specific ideas for
different topics



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ਤੁਹਾਡਾ ਧੰਨਵਾਦ Dėkuji Huv tseep q'u! grazie 謝謝 ありがとうございます

sukriya **Thank You!** Ahéhee' T'áá íiyisíí ahéhee' ありがとう Danke Salammat

Kukwstsétsemc Qujannamiik **Gracias** sunachailya cho tói biét Kleco, Kleco! Спасибо **Merci** Asante Daaly dankie

Thanks

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