

Ready, Set, Go: Helping Patients with Behavior Change

As a Community Health Worker (CHW), a critical aspect of your job is to help community members develop healthier behaviors, including quitting smoking, closely monitoring their blood pressure, exercising more frequently, or eating healthier snacks. You are uniquely positioned to help patients adopt a healthier lifestyle, because you have gotten to know your patients personally and have earned their trust and respect.

At times, you will provide inspiration and encouragement as your patients struggle to get rid of old behaviors and adopt new ones. At other times, you will offer specific actions to help community members reach their goals.



THE FIVE STAGES OF CHANGE

In this article we are going to discuss one theory of behavior change, called “Stages of Change.” Stages of Change will help you better support the patients you interact with on a daily basis.

The Stages of Change theory states that behavior change is a process, not a one-time event. People must follow through with each step in this process to make lasting changes. Individuals must first understand why a change is important

and then be motivated to make that change. People also need an action plan to get started and a plan to stay the course. Your patients will face challenges as they pass through these different stages, and you will need to provide information and support to help them reach the next stage. The theory may sound a little complicated, but the table below helps to simplify the steps in behavior change.

STAGES OF CHANGE MODEL

| Stage | Definition of Stage | Change Strategies for the CHW |
|-------------------------|--|---|
| Precontemplation | Patient has no intention of taking action to change within the next six months. Sometimes, he or she may not even know that a change would be helpful. | <ul style="list-style-type: none"> Express concern, build trust, and establish rapport. Provide patient with information about the risks and benefits of current behaviors. |
| Contemplation | Patient understands that he or she needs to make a change and intends to take action in the next six months. | <ul style="list-style-type: none"> Encourage patient to start thinking about making a specific plan that will help make the change. |
| Preparation | Patient intends to take action to change within next thirty days and has already taken some steps in this direction. | <ul style="list-style-type: none"> Assist patient with developing and implementing an action plan that will help to achieve goals. |
| Action | Patient is taking steps to change his or her own behavior. The process has just started, and there is a risk of “falling off the wagon.” | <ul style="list-style-type: none"> Provide continuing support, feedback and reinforcement as patient puts the plan into action. |
| Maintenance | Patient has successfully made a behavioral change lasting more than six months. | <ul style="list-style-type: none"> Watch for signs indicating patient has slipped and/or relapsed. Provide encouragement, information, or referrals to a support group to reinforce past successes. |

Patricia Hindin, PhD, is an Assistant Professor at the Center for Urban Youth and Families at Rutgers School of Nursing

We sat down with Dr. Hindin to talk more about how to put the Stages of Change theory into practice. Here are our questions and her answers.

Q1: Why is the “Stages of Change” theory important?

A: The Stages of Change theory offers a practical approach to understanding where patients are coming from. It includes which types of information and support they need to make a healthy change. For example, some pregnant smokers want to stop smoking, but don't know how to quit. Maybe your patients feel discouraged because in the past they did not succeed when they tried to break a bad habit? You need to figure out how ready they are to make a change and then tailor your information and response to fit the situation.

Q2: What should I do if my patient does not see the need to change?

A: A person has to be ready to change. For example, she has to be ready to quit smoking or understand why it is important to quit smoking. Sometimes, something you say or do can influence a person later down the line. Communicate health risks in a calm way. Although patients may tell you they are not ready to quit, you might be surprised that the next time you see them they are talking about stopping. It's important to respect the fact that everyone makes changes at a different pace. You want to nudge your patient without being judgmental or pushy.

Q3: What if a patient understands that she needs to exercise regularly? Or let's say she agrees that she should quit smoking during pregnancy? What can I do to help her?

A: Making the leap from thinking about change to taking action can be hard. At this stage of the process, you should offer lots of empathy, praise and encouragement. For example, let her know that you realize how hard it is to stop smoking, exercise, and eat healthier snacks. You can also ask questions such as,

- What are some barriers that keep you from changing?
- What would help you with that change?
- How can I support you?

Q4: My patient really wants to quit smoking. She has tried before on her own, but ultimately failed. Now she is asking me how she can quit once and for all. What do you suggest that I do?

A: There are many programs available that help people quit smoking. As a CHW, we encourage you to refer your patients to smoking cessation programs. While some people quit on their own, most people need professional help. There are free smoking cessation programs available to New Jersey residents. Have your patient call a quit line, or better yet, call together. Once your patient enrolls in a program, be sure to provide continuous support and praise. Quitting smoking can be hard—your patients are more likely to succeed if they know you will stick by them and cheer for their success.

Q5: My patient took such good care of herself while she was pregnant. Now that the baby is born, I have noticed that she is back to eating junk food and starting to smoke again. How can I help her get back on track?

A: It is quite common for patients to fall back into old habits. Start by asking them key questions such as – why was it important to change in the past? Is that still important? Perhaps your patient needs more information on why it is important not to expose a child to cigarette smoke. Remind patients why it is important to continue with their new healthy habits. Provide additional information about the risks of slipping back to old behaviors.

Putting your knowledge into practice: How You can Help Your patients stop smoking

Smoking is a major risk factor for cardiovascular disease and many different types of cancer. Smoking also increases the severity of pneumonia, emphysema, and chronic bronchitis. Secondhand smoke may have a bad effect on the health of children and aggravate childhood illnesses. You would think that these facts alone would motivate people to simply throw out their cigarettes. But it's not that simple.

To help patients make healthier choices, you need to understand how to apply the "stages of change" theory. In

the real-life situations listed below, we present three patients whose behaviors are an example of a specific stage of change. While there are five stages of change, our focus here is on these three: 1) precontemplation, 2) contemplation, and 3) action/maintenance. Figure out in which stage of change each of the following patients is. Next, review the table below to learn appropriate strategies to move Kimie, Tanya and Rhonda into positive action.

MEET KIMIE: SHE HAS NO INTENTION TO CHANGE

Janice, a CHW, felt good about her conversation with Kimie about the need to stop smoking during her pregnancy. She thought that Kimie understood why it was so important and felt that she was going to quit. Yet during a more recent conversation, Janice saw a pack of cigarettes in Kimie's handbag. Having known Kimie for a while, Janice knows Kimie doesn't like to be told what to do. Kimie can, in fact, become resistant and rebellious when someone pushes her to do anything.

What would you do?

MEET TANYA: READY TO TAKE ACTION

Tanya has told you she really wants to stop smoking but is concerned that she will not be able to. She is highly motivated to quit because she worries that her baby will develop asthma, which runs in her family. Tanya's past attempts to stop on her own have failed and she comes to you for help.

How can you help?

MEET RHONDA: SLIPPING BACKWARDS

Rhonda quit smoking while she was pregnant, but when you visited her at home to talk about breastfeeding, you noticed an ashtray with cigarette butts on her kitchen table. She confides in you that she started smoking again because it relieves her stress.

What can you do to help her get back on track?

See the table on the next page to learn about how you can help patients like Kimie, Tanya, and Rhonda.

STRATEGIES FOR STOPPING SMOKING

| Stage | Patient | Your Goal |
|---|--|--|
| <p>Precontemplation (Kimie sees no reason to stop smoking)</p> | <p>Kimie tells you:</p> <p>“My mother smoked throughout her pregnancy and I came out fine.”</p> <p>“I hardly smoke at all compared to everybody else I know.”</p> | <p>Show Kimie why it is important for women who are pregnant to quit smoking.</p> <ul style="list-style-type: none"> • Tell her you are concerned that smoking might harm her baby’s health. • Give her information that opens her eyes up to the risks of smoking. • Help her identify any potential negative consequences of tobacco use. • Be sure not to talk down to Kimie, treat her with respect—she is an adult and has the right to make her own decisions. <p>You might say to Kimie:</p> <p>“Within 12 hours of quitting, your carbon monoxide level will be normal.”</p> <p>“Within 2 weeks to three months of quitting, your lungs will function better.”</p> <p>“If you smoke, your baby may be born prematurely.”</p> <p>“If you quit, your baby is much less likely to develop asthma, a common problem in African-American children.”</p> <p>“I understand you aren’t ready to talk about your smoking. Would it be ok if I bring it up next time we meet?”</p> |
| <p>Contemplation (Tanya is ready to quit, but is not sure what to do)</p> | <p>Tanya tells you:</p> <p>“I really want to quit, but I tried before and I couldn’t.”</p> <p>“I would like to quit but my boyfriend smokes a lot and so do his friends.”</p> | <p>Help Tanya set a quit date and then refer her to a smoking cessation program.</p> <ul style="list-style-type: none"> • Be supportive about the roadblocks that stand in her way - show you understand how challenging it is to stop being that her boyfriend is still smoking. • Tell her that enrolling in a smoking cessation program will help her quit; give her the phone number of the clinic and call together. • Let her know she can depend on you to be there when she quits. <p>You might say to Tanya:</p> <p>“I know you can quit if you have the right support. Let’s explore getting you enrolled in a stop smoking program.” “How about setting a quit date in the next 2 weeks? Would it be easier to quit on a weekday or a weekend?”</p> |
| <p>(Action/Maintenance) Rhonda successfully quit while pregnant, but now that the baby is born, she is back to smoking. She wants help getting on track.</p> | <p>Rhonda tells you:</p> <p>“Smoking helps me calm down. And I only smoke a few every day, anyway.”</p> | <p><i>Your goal is to get Rhonda back on track, reinforcing the changes that she made. Smoking is a hard habit to break so don’t be disappointed that she started up again. Provide her with new information about the hazards of secondhand smoke, and remind her that she was successful in the past.</i></p> <p>You might say to Rhonda:</p> <p>“You did a great job stopping smoking because you cared so much about your baby’s health. I was really impressed on how you stuck to it despite all the temptations.”</p> <p>“It is important for you to continue to stop smoking because secondhand smoke is bad for the baby. If you smoke at home, your baby could develop asthma.”</p> <p>“To begin with, can you talk to your family about the need to smoke outside away from the baby?”</p> |

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