Module #13: Facilitating Behavior Change

Julia Dobbins| December 11, 2012

Health Care & Housing Are Human Rights

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

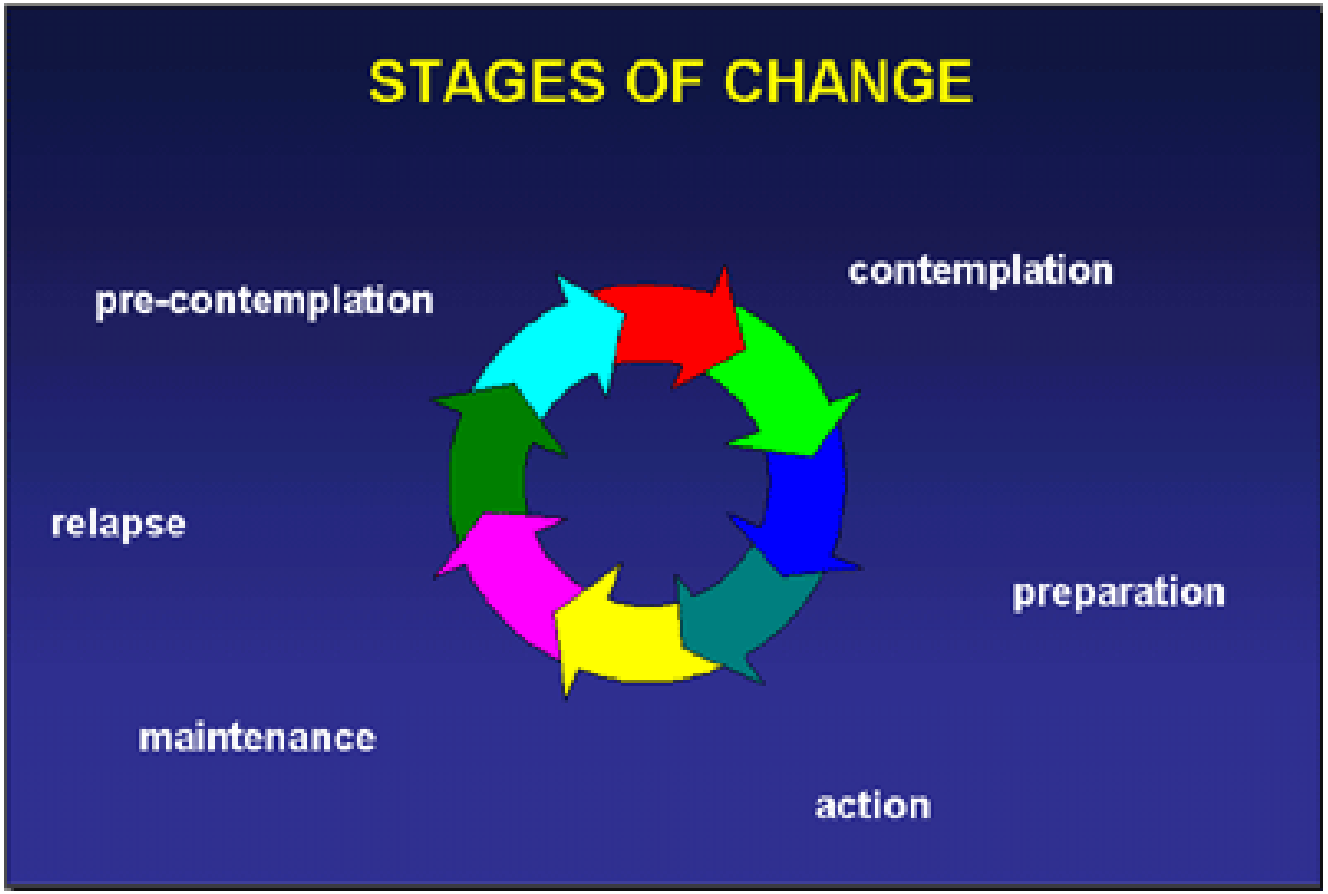
Client Centered Care

What is the definition?

What does Client Centered Care encourage?

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

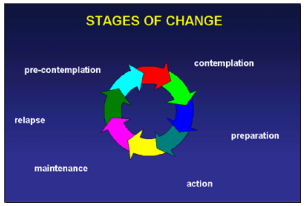
Stages of Change Model
(Prochaska & DiClemente, 1983)



Scott Peterson, 2012

Stages of Change

- Pre-Contemplation – not yet considering changing
- Contemplation – starting to think about it
- Preparation – gathering information, thinking about when & how
- Action – making the change
- Maintenance – sustaining the change
- Relapse – can occur at any time



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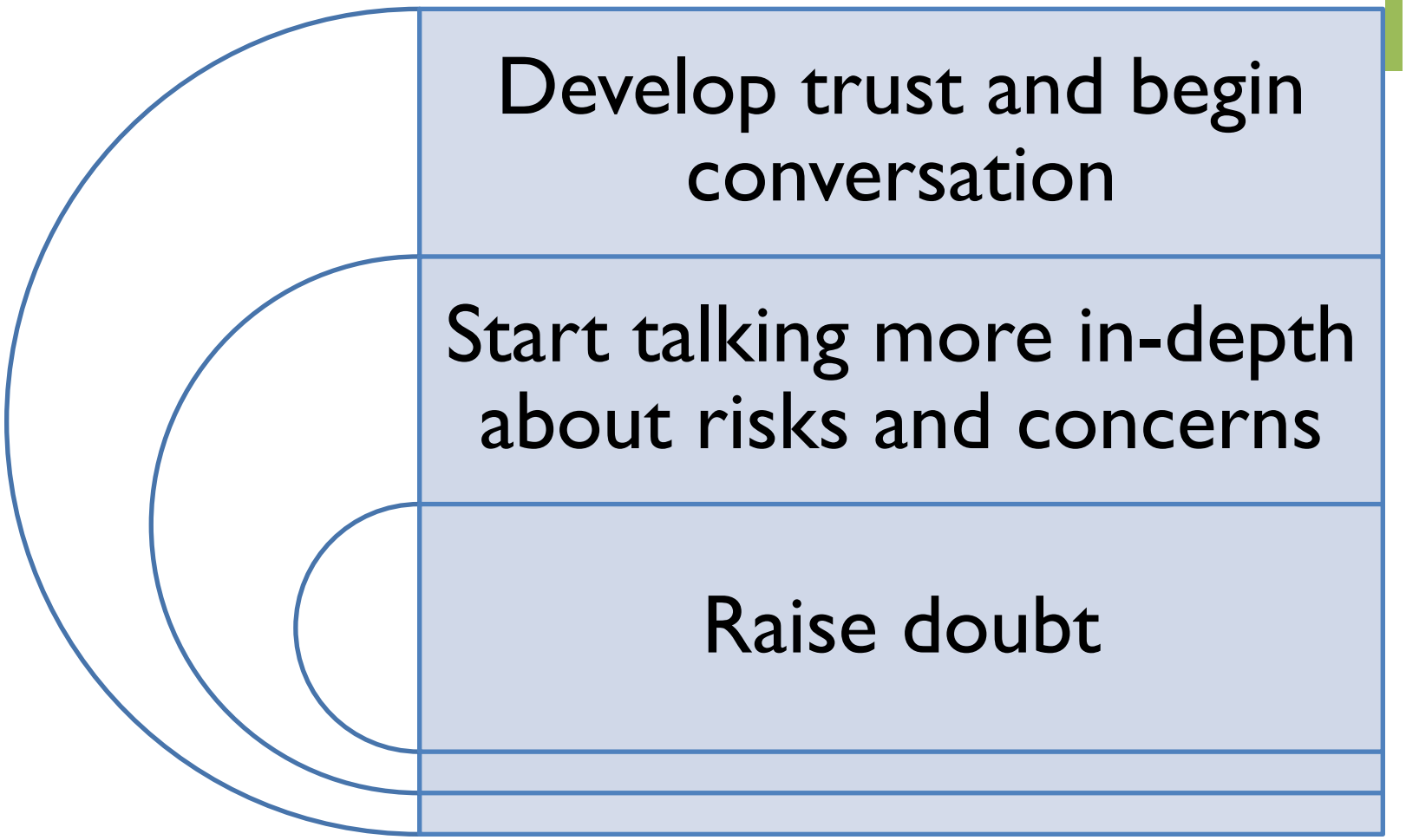
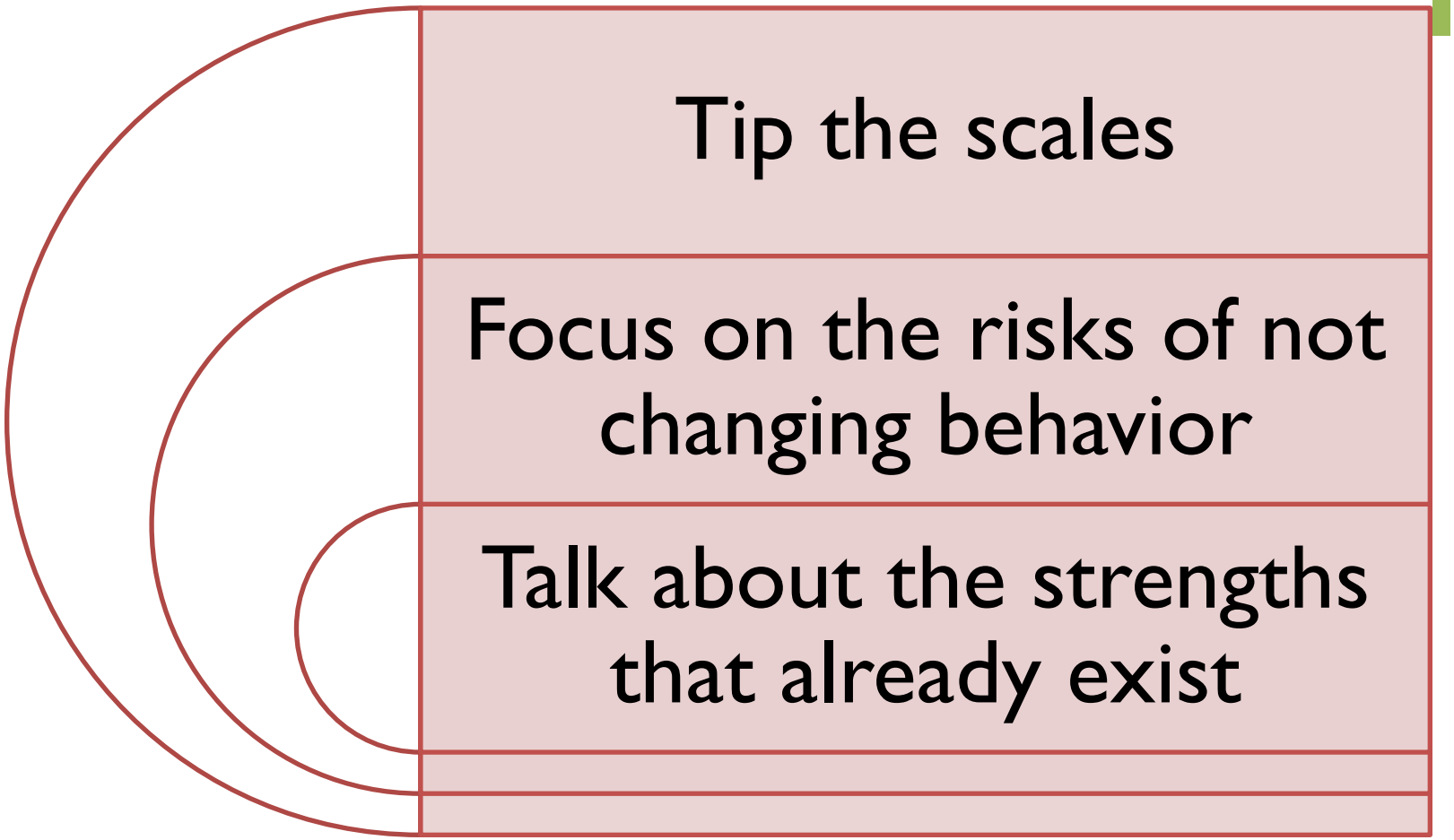
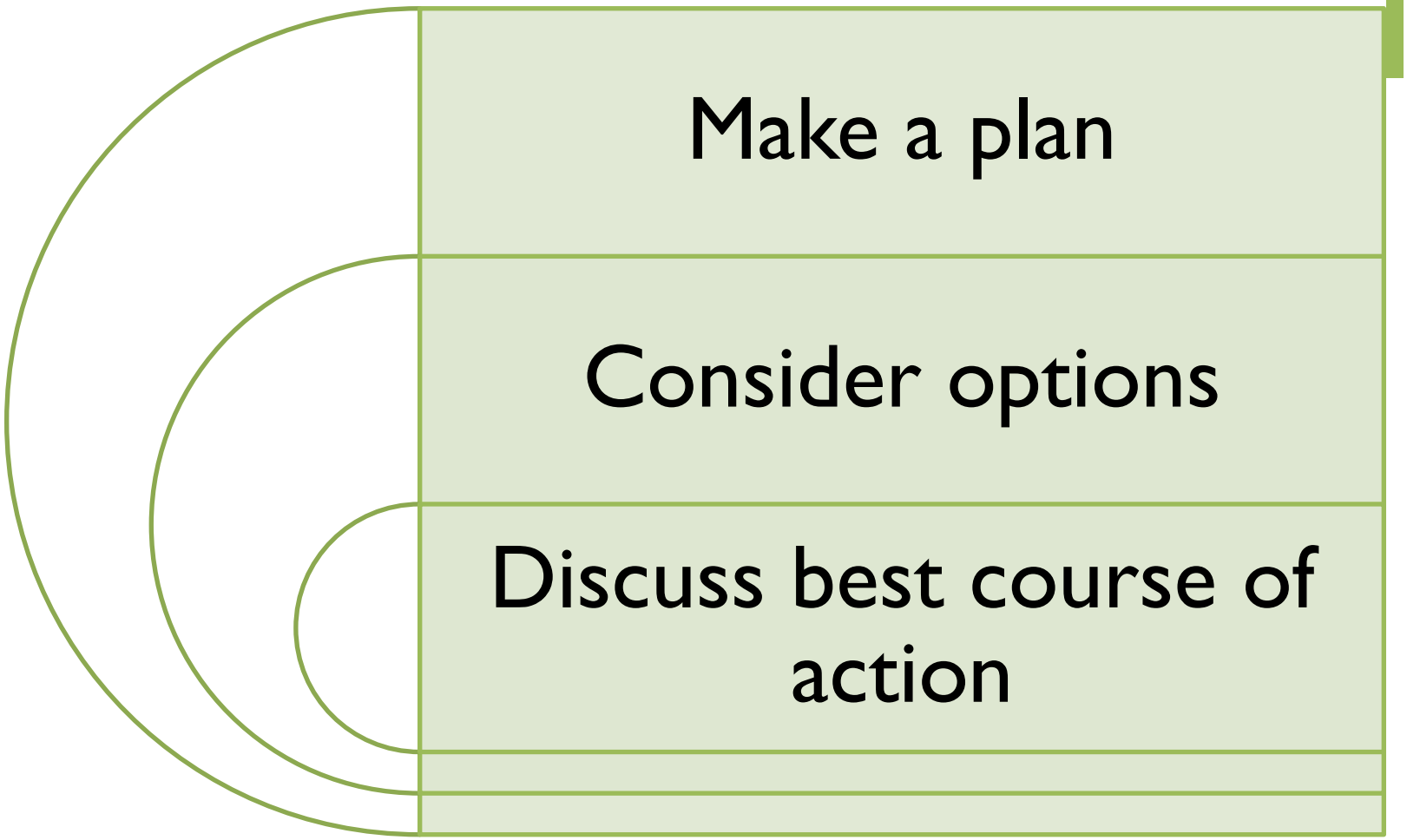
Pre-Contemplation



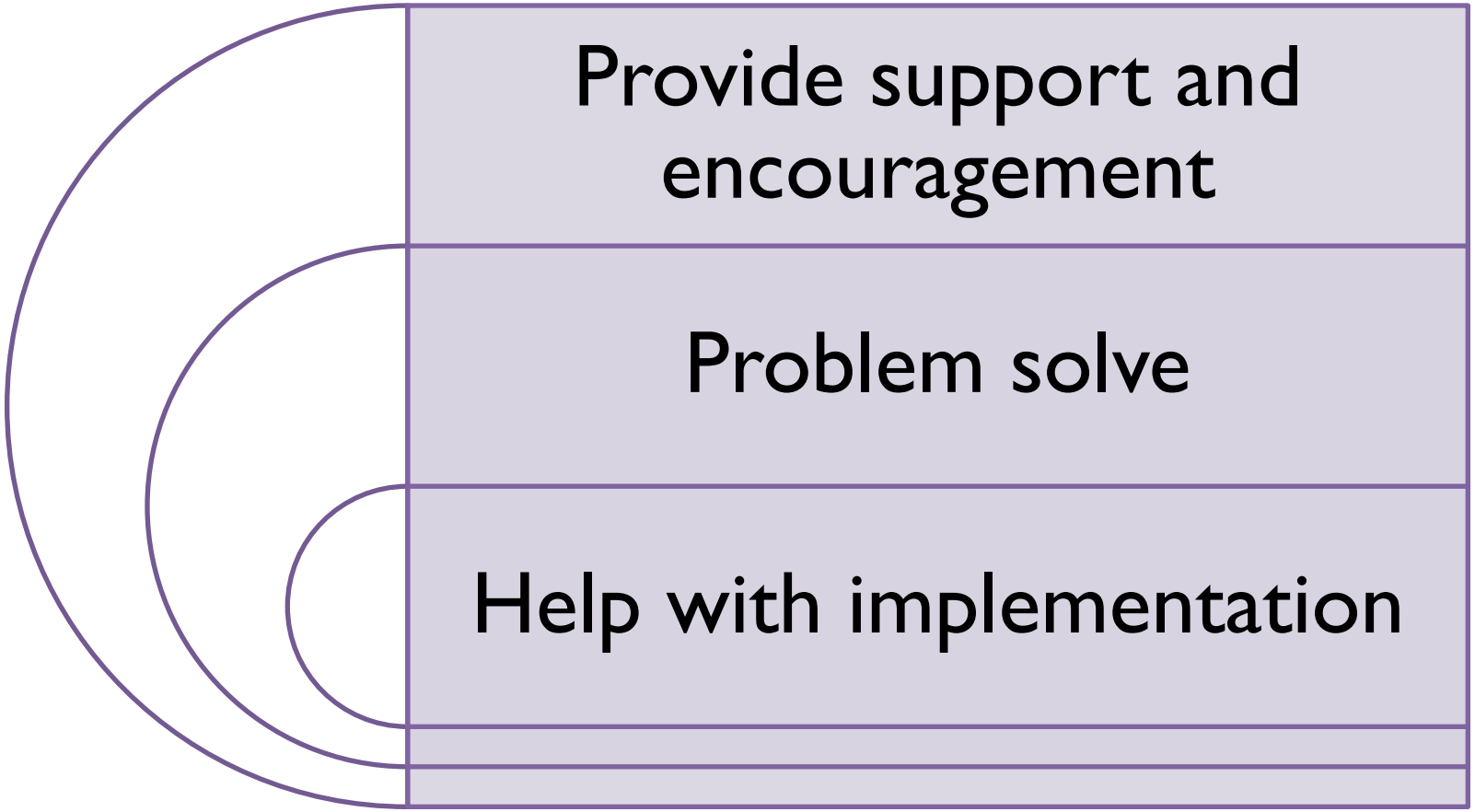
Contemplation



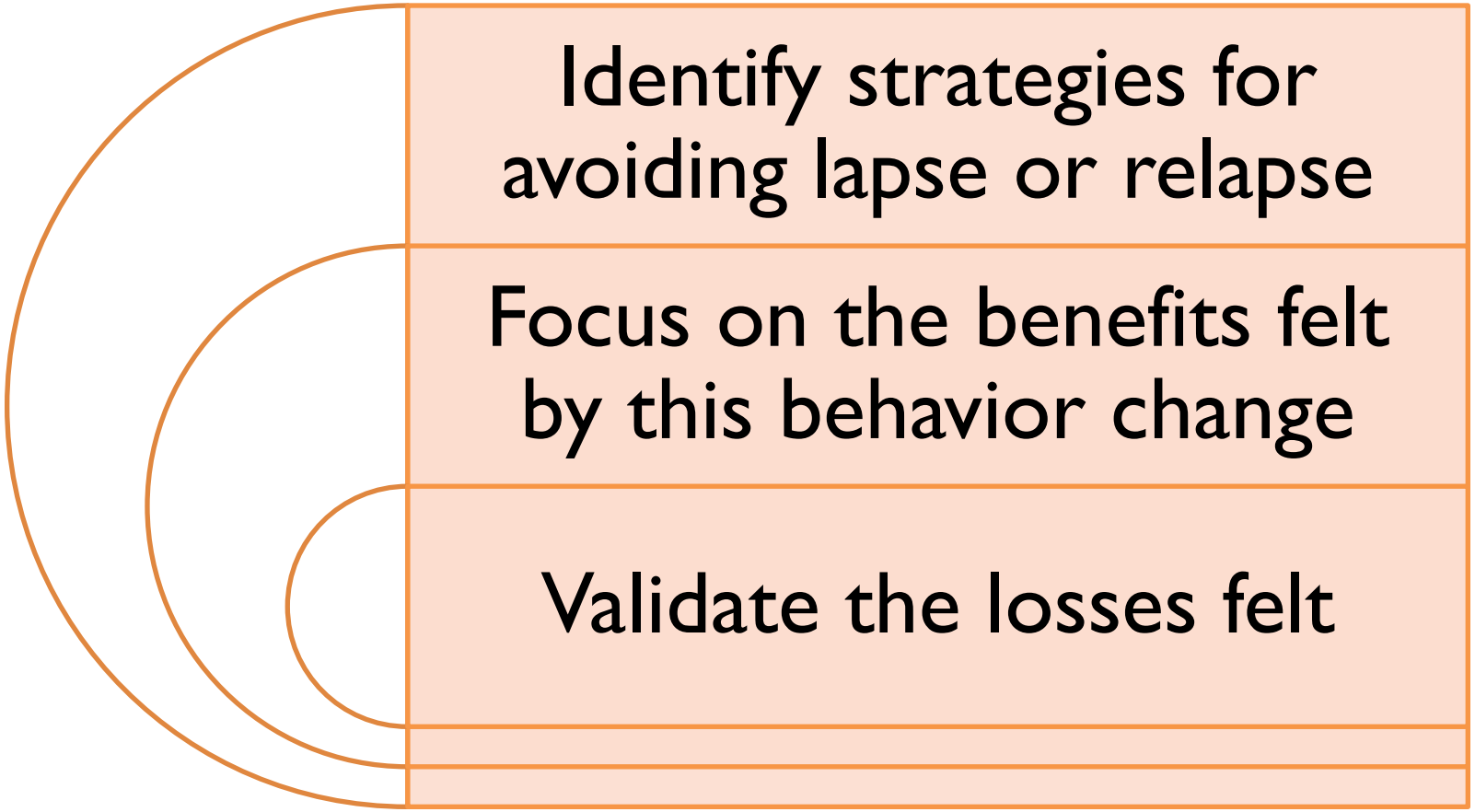
Preparation



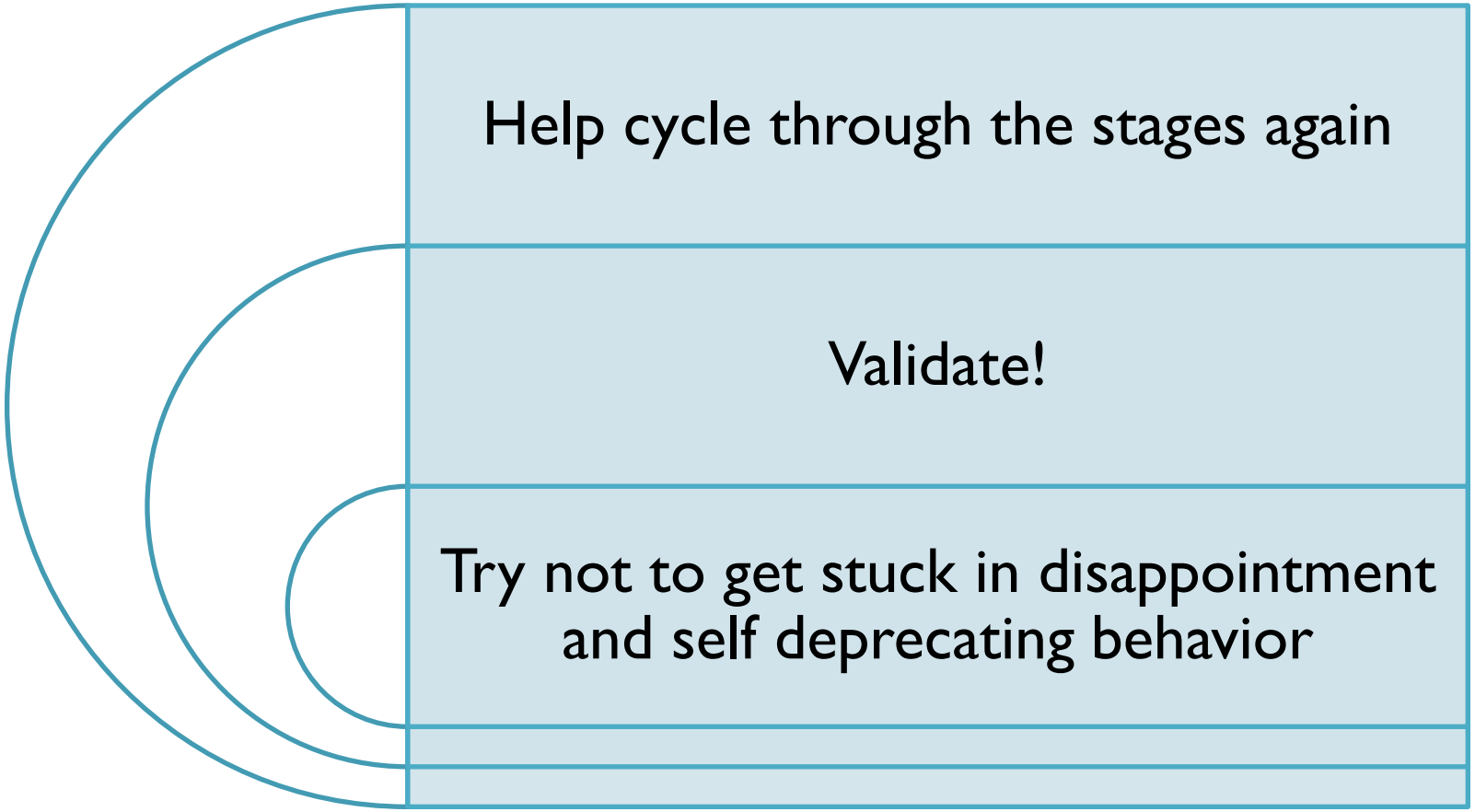
Action


Provide support and encouragement
Problem solve
Help with implementation

Maintenance



Relapse


Help cycle through the stages again
Validate!
Try not to get stuck in disappointment and self deprecating behavior

Case Study #1

A.B., a 58-year old African-American male, repeatedly went to the Emergency Room complaining of chest pains. After meeting A.B., you accompanied him to the HCH site where he filled multiple antihypertensive medications prescribed by the county hospital. Over the next few months the patient becomes well known at the HCH clinic. He visits the clinic every 1 – 2 weeks with vague complaints of headache and fatigue and request for medical leave from duties in the rehabilitation program where he works as a clothing attendant. At each visit, his blood pressure has been in the range of 180-210/100-120. He has repeatedly assured HCH clinicians that he is consistent in taking his medications. A.B. has a history of crack cocaine use which he doesn't like to talk about. When asked whether he was concerned about his blood pressure being high, he responds "I've had 2 stroke and a heart attack. I always run high blood pressure; its not a big deal."

Case #1

- What concerns you about A.B. health status?
- How do you begin the conversation of behavior change?
- What stage is he in?
- What are some examples of goals he can set for herself?

Case Study #2

B.L. is a 21-year-old female who has been homeless for 6 months. B.L shows up at the Emergency Room several nights a week complaining of severe abdominal pain and chronic urinary tract infections. She never complains about the wait in the Emergency Room and often insists that nurses and doctors see everyone else before they see her. The ER social worker tells you that she thinks B.L. comes to the ER because she feels safe there. You meet B.L. and after talking with her for a few minutes you discover that she battled an addiction to meth between the ages of 15-18. As a result of this addiction she was kicked out of her house and lived on the streets for a year. B.L. started a treatment program and achieved sobriety for over a year. B.L. states that she's "made mistakes" over the past few months and is "getting by the best way she knows how." B. L. shakes her leg nervously as she speaks and often looks over her shoulder when she hears any noise. After her appointment with the HCH it is determined that she has Pelvic Inflammatory Disease (PID) and the clinician is concerned that she may be suffering from Post Traumatic Stress Disorder.

Case #2

- What concerns you about B.L.'s health status?
- What stage is she in?
- How do you begin the conversation of behavior change?
- What are some examples of goals he can set for herself?

Case #3

Ms. T is a 46-year-old chronically homeless female. She is morbidly obese who has a history of bipolar disorder, poorly controlled diabetes, and uncontrolled hypertension. She frequents the Emergency Room with chronic knee pain but often shows up heavily intoxicated. You begin working with Ms. T, she becomes a frequent consumer of primary care services, and through your support in her efforts with AA, she achieves sobriety. She's identified the pain in her knees as her biggest concern so the HCH determines she has osteoarthritis in her knees and is prescribed a pre-specified amount of Tylenol #3 each month for pain alleviation.

Case #3

Three months after your intervention with Ms. T she begins calling the clinic multiple times daily in a frantic, irritable, and/or angry tone requesting early refills or dose escalation. Very little progress has been made in addressing the patient's other poorly controlled chronic conditions of obesity, hypertension, and diabetes. The patient is frustrated because she doesn't feel like the clinic is properly addressing her pain.

Case #3

- What are some other issues that may be affecting Ms. T's chronic knee pain?
- How do you begin the conversation of behavior change?
- What stage is she in?
- What are some examples of goals she can set for herself?

Questions?

Concerns?

Thoughts or Feelings?

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We are here to help!

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