

Facilitating change in an individual's and/or family behaviour

Sheila T. Moodie, PhD

Associate Professor, Western University, Faculty of Health Sciences
School of Communication Sciences & Disorders and The National Centre of Audiology
London, ON

sheila@nca.uwo.ca; uwo.ca/nca/fcei (website)

Presentation: AB RCSD Low-Incidence Provincial Team, School & Community Supports, AB Education
November 21, 2019



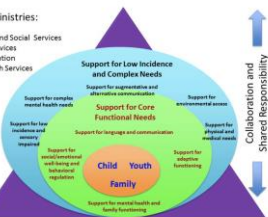
Desired outcomes

1. To assist in the understanding at the SYSTEM-LEVEL that considerations of capability, opportunity and motivation can be used to deliver equitable services that are effective and efficient;
2. To underscore the importance of COLLABORATIVE continuing education opportunities and collaborative practice to implement revised understandings of best practice in pediatric rehab and family-centred early intervention;
3. To educate attendees about new considerations so that we can enable and ENSURE appropriate SUPPORT(s) for students, families, colleagues and systems.
4. To start a dialogue and conversation that I hope will continue

CA RCSD Partnership Framework

Partner Ministries:

Community and Social Services
Children's Services
Alberta Education
Alberta Health Services



CA RCSD Mission:
To promote accessible, equitable, collaborative and integrated services that are responsive to the needs of children, youth, and their families through capacity building, shared responsibility and leadership.

Agenda

Problem

We treat what we measure.

If we measure at assessment what is wrong with this person and what can I do for them – then we might “miss-the-boat” in terms of being client or family centred.....

The question should be: **Who is this person and what do they need?**

The problem is our healthcare context doesn’t provide us with the time to practice this way But I would argue it is not cost-effective or patient-centred to not practice this way.

Problem

“Pediatric rehabilitation is moving towards the adoption of system views of the complex array of factors and processes that influence client change, but the field still operates predominantly from a unidirectional, medical perspective where “something” is provided to “fix” the client, rather than operating from more contemporary realist views of change as an evolving, cascading phenomenon that can be mobilized by intervention.” (King et al., 2018, p. 183).

Starting with the ICF and the ICF-CY version

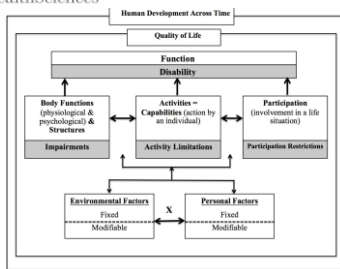
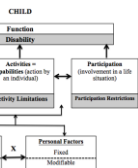
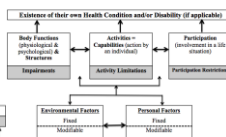


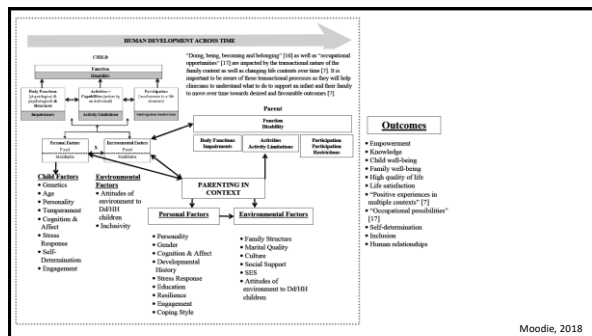
Figure 1

Bagatto & Moodie, 2016

PARENTED FUNCTIONING AND THIRD PARTY DISABILITY



Bagatto & Moodie, 2016



Western HealthSciences

"We must understand more than the impairment, activity limitations and participation restrictions of the child; we must understand the child's everyday life situations and context of their everyday listening situation(s)."

Moodie, 2018

Western HealthSciences

**Moving to the COM-B Model:
Understanding the science of
behaviour and behaviour change**

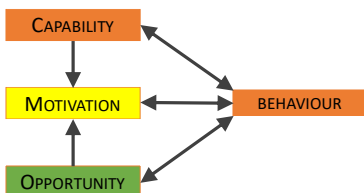
Within a capability and behavioural change theory framework, disability is understood to be a "limitation of opportunities that results from the interactions between an individuals' impairment or illness in concert with their personal characteristics AND their available resources (assets, abilities, strengths) AND their environment (social, economic, political, legal, religious, cultural)".

Hammell (2016), Michie et al., (2011), Mitra (2006), Moodie, (2018)

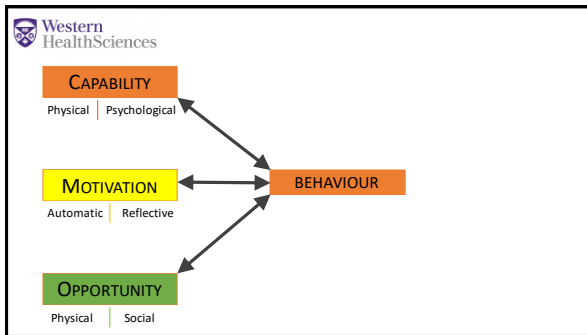
What is important about participation?

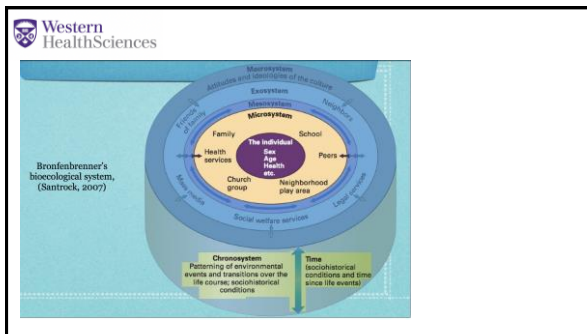
- autonomy – sense of choice/control
- competence & accomplishment through doing
- belonging, acceptance, safety & respect
- the ability and opportunity to 'do' – to engage personally in meaningful/valuable activities
- the ability and opportunity to contribute to the well-being of others
- the ability and opportunity to support and do things for others
- engagement in meaningful and reciprocal relationships
- having social connections (doing things with others)
- social engagement and inclusion

Hammell (2015)



Michie, van Stralen, & West, 2011





Western HealthSciences

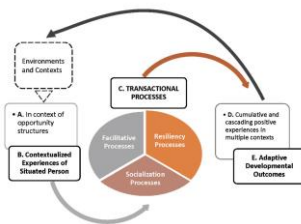
Bronfenbrenner's Perspective of Parenting Capacity

- "Whether parents can perform effectively in their child-rearing roles within the family depends on the role demands, stresses, and supports emanating from other settings...Parents' evaluations of their own capacity to function, as well as their view of their child, are related to such external factors as flexibility of job schedules, adequacy of child care arrangements, the presence of friends and neighbours who can help out in large and small emergencies, the quality of health and social services, and neighbourhood safety. The availability of supportive settings is, in turn, a function of their existence and frequency in a given culture or subculture. This frequency can be enhanced by the adoption of public policies and practices that create additional settings and societal roles conducive to family life."

(Bronfenbrenner, 1979, p. 7)

Opportunity

- There must be a conducive environment for the behaviour to occur (Michie et al. 2011): physical, social and otherwise;
- There should/must be equality of opportunity;
- In order for an individual/family/community to realize their potential there must be contexts which enable optimal opportunity for participation. We need to understand the "socially structured inequalities" that may exist at an economic, institutional, cultural, political, legal, or religious level that may limit the achievement of opportunity.



King et al., 2018

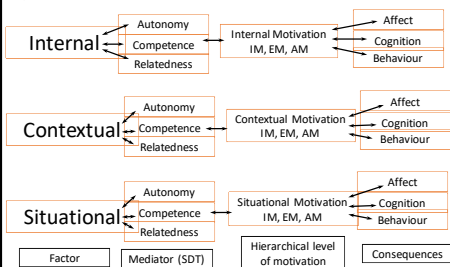
Capability

- The individual/family/community must have the physical strength, knowledge, skills, stamina to perform the behaviour (Michie et al., 2011).
- The individual/family/community must have the freedom/opportunity to choose what they wish to DO and to BE and the opportunity/opportunities to act on these wishes. In other words are people able to do the things they would value doing AND do their circumstances actually allow them to do and be what they want to (Hammell, 2016)

Motivation

- The individual/family/community must be more highly motivated to do the behaviour than not do it – or to engage in competing behaviour (Michie et al., 2011);
- If people are to be motivated then they need to believe that there is a reasonable possibility that there choice might be transformed into a desired outcome/action and that it is likely to increase capability (Hammell, 2016)

Adpated from Chame et al., 2019



Evidence-based principles of behaviour change (Abraham et al., 2009)

1. Knowledge,
2. Skills,
3. Social/professional role and identity,
4. Beliefs about capabilities,
5. Beliefs about consequences,
6. Goals,
7. Memory, attention, and decision processes,
8. Environmental context and resources,
9. Social influences,
10. Emotion,
11. Behavioral regulation,
12. Optimism,
13. Intentions, and
14. Reinforcement

Case Example 1

- Parents of infant newly diagnosed with hearing impairment have the hearing aids but are not having the child wear them "all waking hours"



The HearOn Video Series Sindrey & Moodie, 2019



YouTube.com/HearOnvideos
OR uwo.ca/nca/fcei

In closing

- There is much to learn about facilitating behaviour change.
- The good news is that there are people and resources available that have moved the science forward. The BCW, behaviour change techniques and mechanisms of action tool(s) are all available to help you implement behaviour change in practice.
- As an organization, you could use the BCW and techniques to determine how you can implement using the science of behaviour change within your organization over the next year.
- Remember that "you cannot be what you need to be by remaining what you are" (Max de Pree but also Oprah)

Thank You
sheila@nca.uwo.ca



References (more available with request)

- Michie, S., Atkins, L., & West, R. (2014). *The Behaviour Change Wheel: A guide to designing interventions*. London: Silverback Publishing.
- Bagatto, M.P. & Moodie, S.T. (2016). The ICF-CY in EHDl programs. *Seminars in Hearing*, 37(3), 257-271. doi:10.1055/s-0036-1584406
- King, G., Imms, C., Stewart, D., Freeman, M., & Nguyen, T. (2018). A transactional framework for pediatric rehabilitation: shifting the focus to situated contexts, transactional processes, and adaptive developmental *outcomes*. *Disability and Rehabilitation*, 40(15), 1829-1841. doi: 10.1080/09638288.2017.1309583
- Moodie, S.T. (2018). Family-centered early intervention: Supporting a call to action. *ENT & Audiology News*, 27(5). Retrieved from <https://is.gd/aQoRBQ>
- Tombor, I., & Michie, S. (2017). Methods of health behaviour change. *Health Psychology Online*, doi:10.1093/acrefore/9780190236557.013.125
