Epi 246

Social Cognitive Theory and Models of Patient-Provider Communication

Margaret Handley, PhD MPH
Associate Professor

September 25, 2014

Outline of Today's Lecture

I. Questions from Lecture 1?

II. Social Cognitive Theory (SCT) as an example of an interpersonal health behavior theory

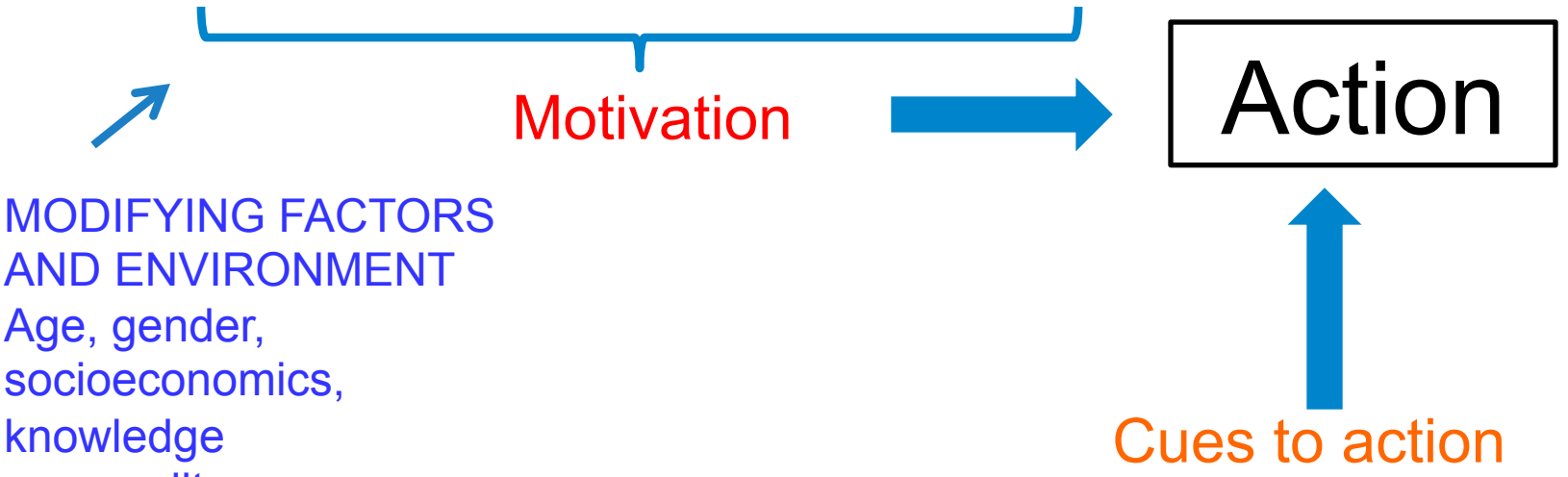
III. Patient-Provider Communication and Functions of Communication

IV. Dr. Rebecca Sudore's work

Health Belief Model

FOCUS ON INDIVIDUAL BELIEFS THAT AFFECT MOTIVATION

Perceived susceptibility, perceived severity
(combined = perceived THREAT)
Perceived benefits
Perceived barriers
Perceived self-efficacy



Theory of Planned Behavior

FOCUS ON BELEIFS THAT AFFECT INTENTION

MODIFYING FACTORS AND ENVIRONMENT

Demographic

Attitudes to target Behavior

Personality

Beliefs, Evaluation of Behavioral Outcomes (combined=ATTITUDES),

normative beliefs, Motivation (combined=SUBJECTIVE NORM)

Control beliefs, perceived power (self-efficacy) (combined=PERCEIVED CONTROL)

INTENTION → Action

Learning Objectives

1. Understand components of Social Cognitive Theory

2. Understand models of Health Communication and how functions relevant to health communication relate to diverse theories

3. Understand examples of applying components of the presented theories to health-related behaviors and health communication strategies in intervention development

Theories and Models Related to Interpersonal Behavior and Behavior Change

- **Interpersonal health behavior theories** such as Social Cognitive Theory fall within social influences on health, yet are delineated from social support and social networks.

- Can be in family, friends, peers in intimate and/or informal settings or in more formal settings, such as clinical settings for patient-provider communication, communication among clinicians in clinics and hospitals, teachers and students in variety of settings – takes into account proximate environment, but not structural/systems factors.

- For patient-provider communication specifically, there are many theories that relate to specific functional components of communication (e.g. patient activation, shared decision making, communication competence).

Social Cognitive Theory (formerly Social Learning Theory)

- SCT is a learning theory used in many settings
- *Used to explain behavior*: we learn from experience, observation, and symbolic communication >> we apply this learning to shape the environment we are in, as well as respond to it, and become adaptable to changes in it
- *Used for health behavior change interventions:*

  -- Patient-provider communication re cancer pain, HIV prevention programs, self-management for diabetes patients, contraceptive/condom use, adult education programs focused on community health problems, action planning/health coaching, breast-feeding continuation, preventive oral health

Social Cognitive Theory

Concept	Definition	Application
Reciprocal Determinism	Behavior changes result from interaction between person and environment; change is bi-directional	Involve the individual and relevant others; work to change the environment/influence attitudes
Behavioral Capability	Knowledge and skills to influence behavior	Provide information and training about action
Expectations	Beliefs about likely results of action	Model positive outcomes of behavior
Self-Efficacy	Confidence in ability to take action and persist in action	Point out strengths; use persuasion and encouragement; approach behavior change in small but specific steps
Observational Learning	Beliefs based on observing others like self and/or physical results	Show others' experience; identify credible role models to emulate
Reinforcement	Responses to a person's behaviour that increase or decrease the chances of recurrence	Provide praise; encourage self-reward; decrease possibility of negative responses that deter positive changes

Social Cognitive Theory Self-Efficacy Applications

Concept for Promoting Self-Efficacy	Application
Mastery Experience	Enable person to succeed in increasingly challenging performance Patient activation
Social Modeling	Showing that others like them can do it
Improving Emotional and Physical States	Improve context in which new behaviors are undertaken
Verbal Persuasion	Encouragement>> boost confidence

Glanz K, Rimer, B, Viswanath, Health Behavior and Health Education 2009

CASE STUDY: Application of SCT to a Tailored Intervention Focusing on Patient Activation for Cancer Pain Control

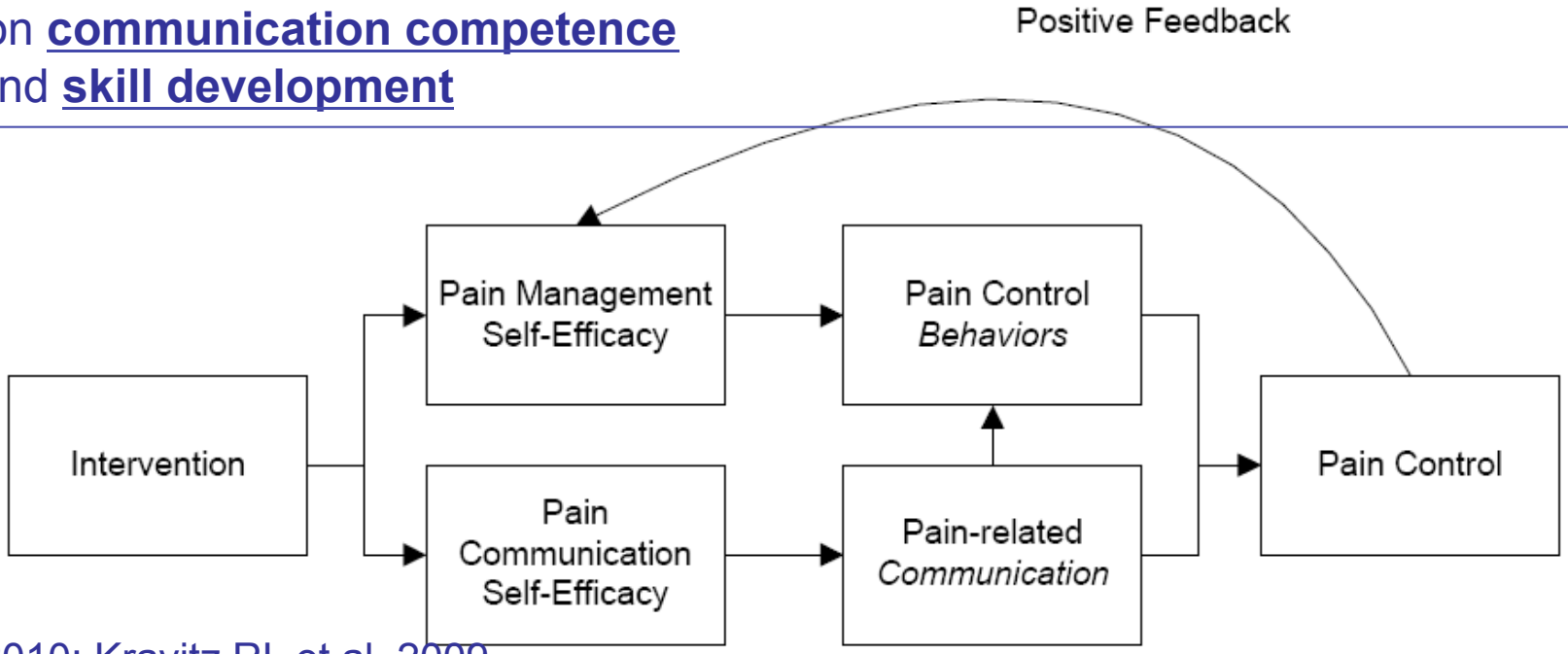
Conceptual Model – Ca-HELP

-Began with interest in patient activation

specific for **participatory decision making about cancer pain management**

- Informed by SCT to frame the tailored education intervention

Focus on **communication competence** and **skill development**



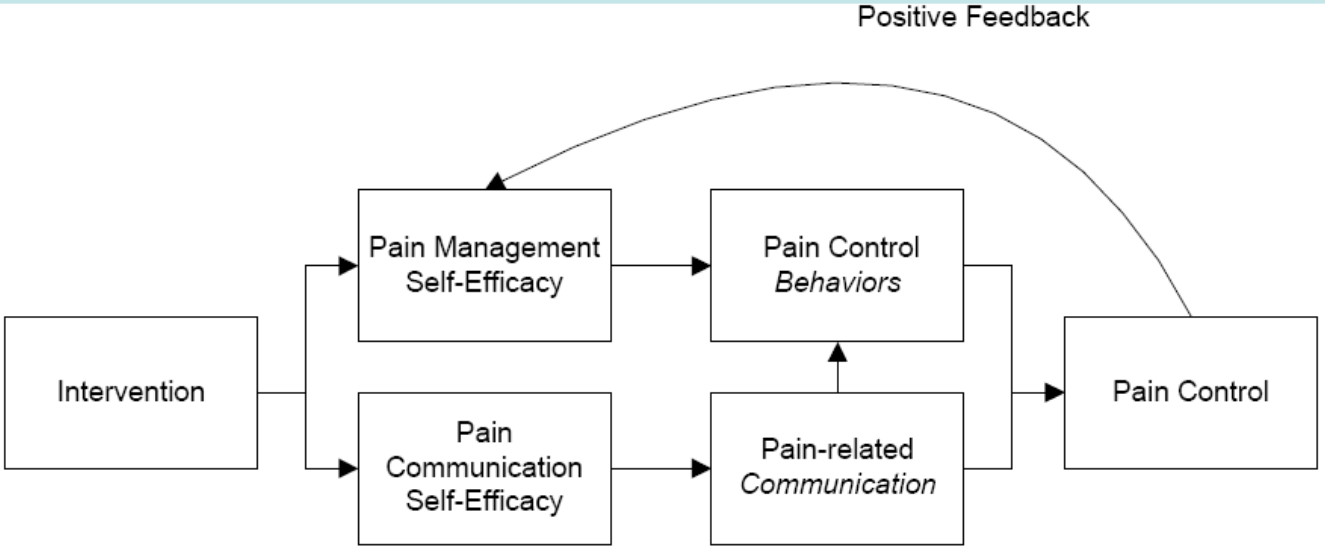
Street et al 2010; Kravitz RL et al, 2009

CA-HELP Application of Social Cognitive Theory

Concept	Specific Focus	Application*
Reciprocal Determinism	Behavior changes result from interaction between person and environment; change is bi-directional	**Patient activation can change the communication environment and thus change the provider's behavior and also patient's pain control self-efficacy**
Behavioral Capability	Knowledge and skills to influence behavior	**Increase capacity to talk about pain- knowledge and skills AND adaptability**
Expectations	Beliefs about likely results of action	**Increase ways to see positive outcomes of behavior (knowledge/overcome barriers)**
Self-Efficacy	**Both for communication about pain and ability to manage the pain effectively**	**Lay health educators with coaching model: practice skills, older population**
Observational Learning	Beliefs based on observing others like self	**Show others' experience; identify credible role models to emulate**
Reinforcement	Responses to a person's behavior that increase or decrease the chances of recurrence	**Lay health educators with coaching model: Portray how they want to communicate to reinforce the communication skills**

*Using the ACT-PREP Paradigm: ASSESS,CORRECT,TEACH,PLAN,REHEARSE,PORTRAY

Example: Application of SCT to a Tailored Coaching Intervention Focusing for Cancer Pain Control



<u>Premise:</u> Identifying behavioral mediators of cancer pain severity may lead to more effective coaching interventions for improving cancer pain control.

<u>Results:</u> Among cancer patients enrolled in a randomized coaching trial, post-intervention pain control communication self-efficacy was sig. higher, as was short-term reductions in pain related impairment, but not pain severity.

Results suggest importance of social context around pain management and of clinicians receptivity and skills to solve problems brought up by patients.

Street et al 2010; Kravitz RL et al, 2009

Example:Theory-Based Interventions for Contraception

Table 1. Theoretical bases for included studies, as reported

Study	Theory or model	Principles or constructs
Barnet 2009	Transtheoretical model; motivational interviewing; social cognitive theory (parenting curriculum from Black 2006)	stage of change, intentions, behavior; risk, motivation, change
Black 2006	Social cognitive theory	skills, cultural norms, goal-setting, self-efficacy, modeling, family support and mentoring relationships
Boyer 2005	Information-Motivation-Behavioral Skills Model	knowledge, attitudes, skills (communication and condom use), risks, decisions
Coyle 2001	Social cognitive theory, social influence theory; models of school change	knowledge, self-efficacy, communicate, perceived risks and barriers, perceived peer norms; school organization, staff development, school environment, parent education
Coyle 2006	Social cognitive theory, theory of reasoned action, and theory of planned behavior	knowledge, attitudes, norms, self-efficacy, sense of vulnerability, risk, skills
Floyd 2007	Motivational interviewing; Transtheoretical model	client-centered, decisional balance, readiness to change, goal statements and change plans, personalized feedback, problem-solving, commitment to change
Ingersoll 2005	Motivational interviewing	risk behavior; exercises (decisional balance, development of goal statements and change plans); feedback using "elicit-provide-elicit strategy."

Cochrane Review, 2011

Example:Theory-Based Interventions for Contraception

- In looking at interventions designed to impact contraceptive use, SCT was found in 5 trials, 3 with successful outcomes

- 2 of 4 with motivational interviewing had good results

- Lack of fidelity of intervention implementation is a problem

- Hard to separate different theoretical constructs

Cochrane Review, 2011

Social Cognitive Theory

SCT goes beyond individual factors in health behavior change to include environmental and social factors, and thus goes beyond 'mechanistic' views of human behavior. Widely applicable and linkable with communication theories.

However, critiques focus on:

(1) implication that 'social environment' enables free choice and self-efficacy to be fulfilled; and

(2) view that broader socio-ecological models may better represent the *multi-dimensional* nature of environments

Burke et al, 2009

Health Communication in the Context of Patient-Provider Communication

- ‘Good communication’ improves health outcomes, but there is no single theory to what good communication looks like
- Focus on the functions/pathways that could improve health via improved health communication, with particular focus on patient-providers communication
- ‘Patient-centered’ approach/paradigm

Health Communication in the Context of Patient-Provider Communication

Direct and indirect pathways from communication to health outcomes. Adapted from Fig.11.1 from Glanz, Rimmer, Viswanath, 2008

Example: Health Communication in Context of Decision Making in the ICU

- Decision-making in ICU when no surrogates-
- Unexplored area- descriptive epidemiology >linking processes that affected decision-making using socio-ecologic approach:

  --these were: attitudes, opinions of others, communication w/other health professionals, self-efficacy around care and end of life decisions, and legal/ethical influences

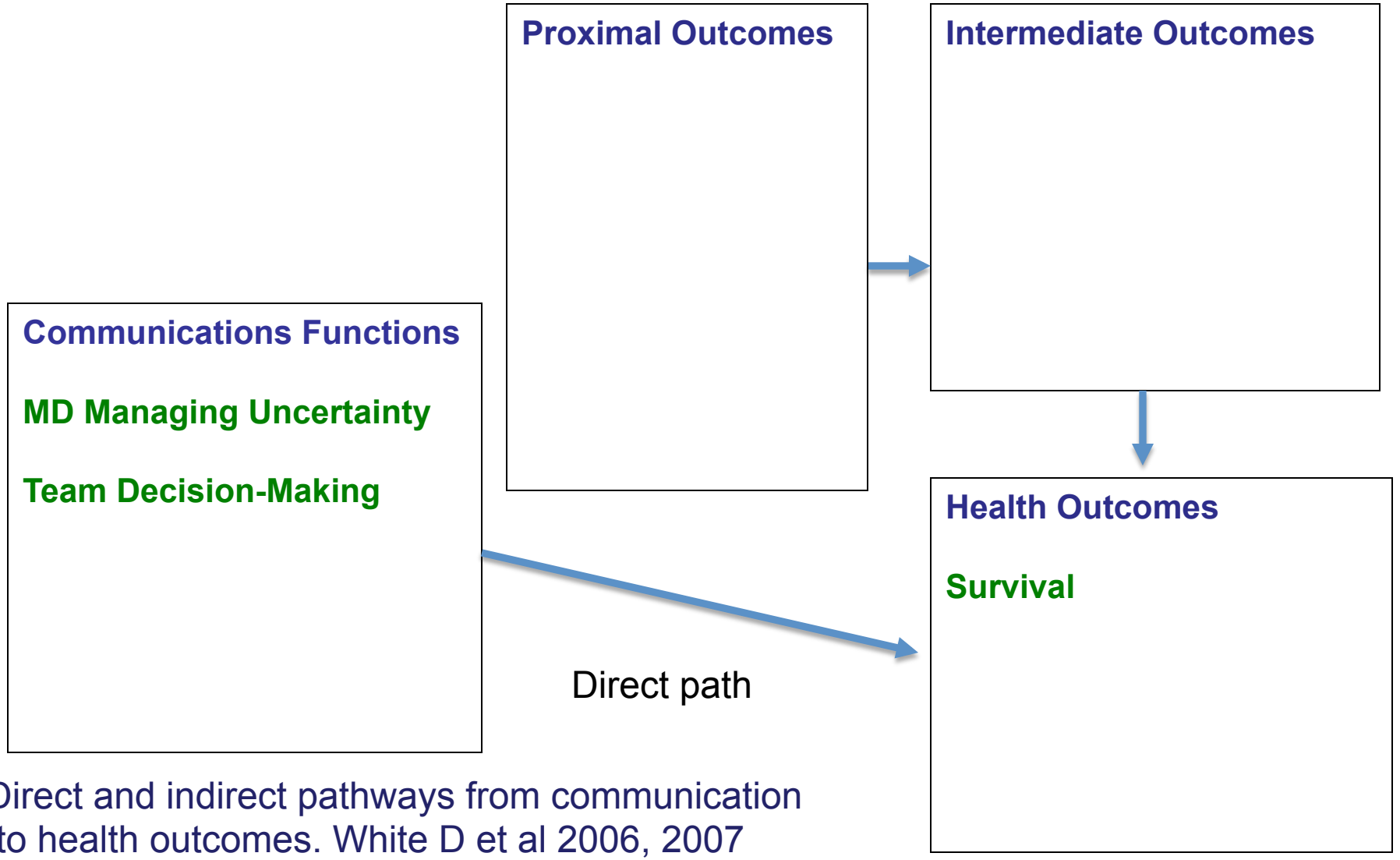
- Led to larger studies, ethical review, current policy work on task force for the Am Thoracic Society

White D, et al 2006. White D et al, 2007. Annals Int Med 2007.147:34-40.

Examples of Models and Measures of Patient Centered Communication

Communication Functions	Theoretical Constructs
Decision-Making	
"How are decisions made? What factors are most important?"	Social norms, attitudes, behaviors, self-efficacy
Team Care Decisions and Uncertainty about Decisions	
"When is input from teams sought and when do independent decisions get made?"	Communication in health care teams and related decisions around uncertainty

Example: Health Communication and Interpersonal Communication in ICU



Direct and indirect pathways from communication to health outcomes. White D et al 2006, 2007

‘Moderators’ of Clinician-Patient Communication Outcomes

Age Personality Education Race Gender Language Family Structure	Health Literacy Self-efficacy Emotions Perceived Risk Social Distance Clinician Attitudes Representations of Illness Patient Preferences
Cultural Values Type of Disease	Family Functioning Social Support Access to Care Disease Progression

What about Motivational Interviewing?

Motivational interviewing is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change"

- Often described as a model or theory, but is more of a successful counseling approach in search of a theory
- Effective in reducing 'maladaptive' behaviors, primarily alcohol and substance abuse, but also in promoting 'adaptive' behaviors (diet, med. adherence)
- Evidence reviews suggest fidelity important
- Not based on Transtheoretical Model, which is intended to provide a comprehensive conceptual model of how and why changes occur (stages). The implicit underlying theory of MI is only now being explicated, and is not intended to be a comprehensive theory of change. -Miller W and Rollnick 2009

Information-Motivation-Behavioral skills (IMB) Model

Premise: Combining information, motivation, and skills creates capacity for health behavior change. Framed around skills within social settings and peer/intimate contacts. Applied in HIV and increasingly in diabetes care and other skill-based illness management settings.

- INFORMATION- directly relevant to prevention and applicable in social settings
- MOTIVATION- individual motivation for behavior and social motivation (as when social supports/validation) anticipated
- BEHAVIORAL SKILLS/self-efficacy re specific prevention skills
  **Emphasis on communication and negotiation skills.

J Fisher et al 2003

Information-Motivation-Behavioral skills (IMB) Model

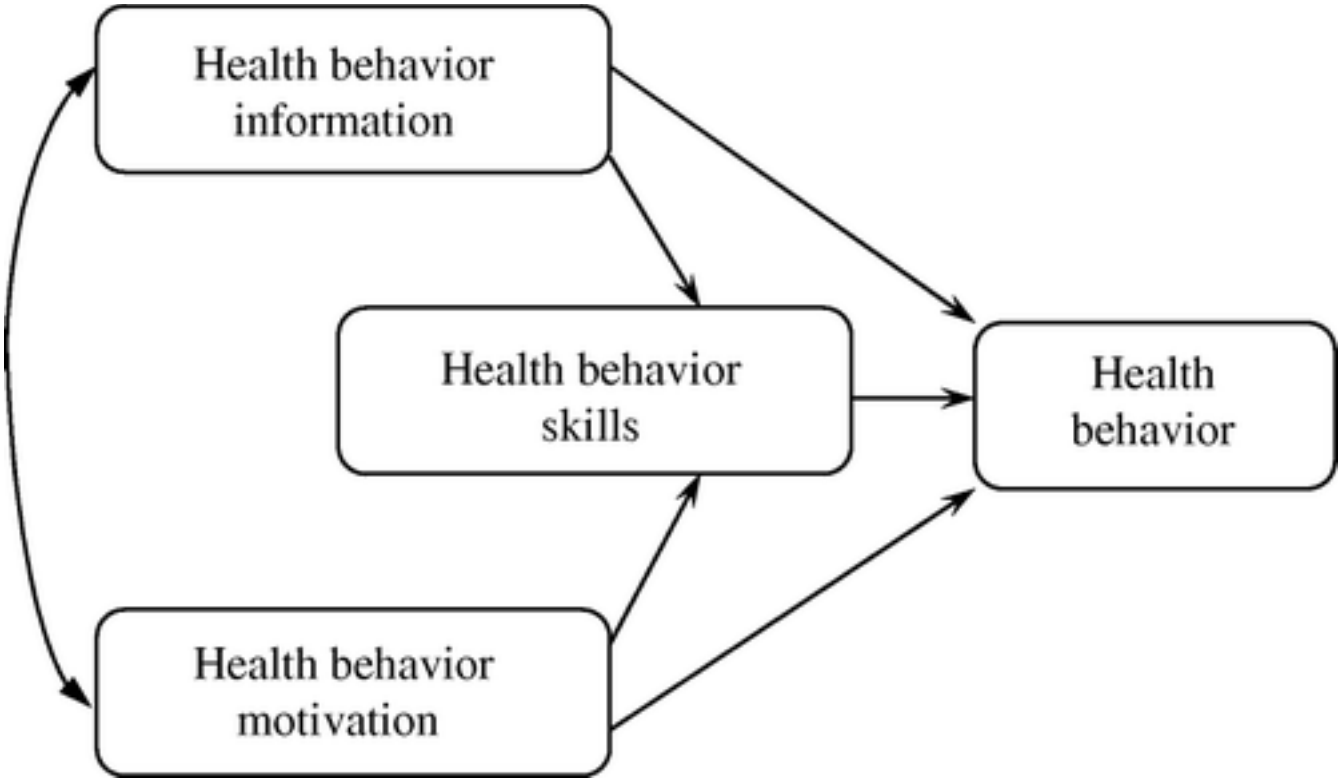


Figure 1. Information–motivation–behavioral skills model of health behaviors (J.D. Fisher & Fisher, 1992; W.A. Fisher et al., 2003, 2009).

J Fisher et al 2003

Case Study: Male Motivator Project Malawi

IMB-based intervention developed and delivered by Save the Children based on awareness that men are not coming to discussions about family planning with understanding of methods, pros and cons, and communication skills.

First application of IMB-model to males re contraceptive involvement with peer educators

Examined model components

Communication within couples was shown to be the only significant predictor of contraceptive uptake

Shattuck D et al, AJPH 2011