



# HEALTH BELIEF MODEL AND MOTIVATIONAL INTERVIEWING

Use of Theory in Hospital Social Work

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# Case Scenario

- Jane Smith is a 14 year old female who has been diagnosed with Cystic Fibrosis. Despite her parents support and encouragement, Jane has recently become lax with her treatment routine. She often does not complete her CPT because “it’s too much of a hassle”, but will usually take her enzymes as she feels better when she does. If Jane starts to feel sick, she does complete her CPT treatments and nebulizers much more frequently. Jane’s parents and physicians are frustrated with her apparent disregard for her health and frequently tell her so.

# How would different team members view/approach Jane?

- Physician
- Fellow
- Nurse
- Dietician
- Psychology
- Social Work

# Definitions

## Health Belief Model

- “The model is based on the theory that a person's willingness to change their health behaviors is primarily due to the following factors:
  - Perceived Susceptibility
  - Perceived Severity
  - Perceived Benefits
  - Perceived Barriers”

(Boskey, 2016)

## Motivational Interviewing

- “Motivational interviewing (MI) is a client-centered, directive therapeutic style to enhance readiness for change by helping clients explore and resolve ambivalence.”
- “...MI elicits the client's own motivations for change.”

(Hettema, Steele, & Miller, 2005)

# Health Belief Model

- **Perceived Susceptibility** – Those who do not think their illness will actually be with them forever are more likely to not do required treatments consistently.
- **Perceived Severity** – If someone believes they are at imminent risk of dying, they might be more likely to do everything doctors required versus if they think they are okay.
- **Perceived Benefits** – If I believe there's nothing in it for me to complete CPT, then I'm more likely not to complete my treatments.
- **Perceived Barriers** – If the medication is expensive, I may be less inclined to buy that medication.
- **Cues to Action** – “an external event that prompts a desire to make a health change.”
  - i.e. having the medication laid out in an orderly fashion could remind Jane and encourage her to take her medicine/complete treatments.
- **Self-Efficacy** – a person's belief in his or her own ability to accomplish a change.

(Boskey, 2016)

# Motivational Interviewing

## Stages of Change

- **Pre-Contemplation** – ‘Nothing’s wrong with me; I’m fine.’
- **Contemplation** – ‘I know I should do better with my treatments but it’s just so difficult that I don’t even try.’
- **Action** – ‘I’m ready to start a treatment regimen and stick to it.’
- **Maintenance** – ‘I’ve been doing really good at completing treatments every day.’
- **Relapse** – ‘I got really busy and slacked off with my treatments for a while.’

## Principles

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-Efficacy
- Autonomy

(Motivational interviewing: A tool for behavior change)

# Efficacy

## HBM

- The HBM appears to be used frequently to try to predict health outcomes with various populations – this has not been proven to be highly effective. Specifically, perceived benefits and barriers may be more effective in some studies and vice versa.
- I suggest using the HBM as a framework to gather information from patients.

## MI

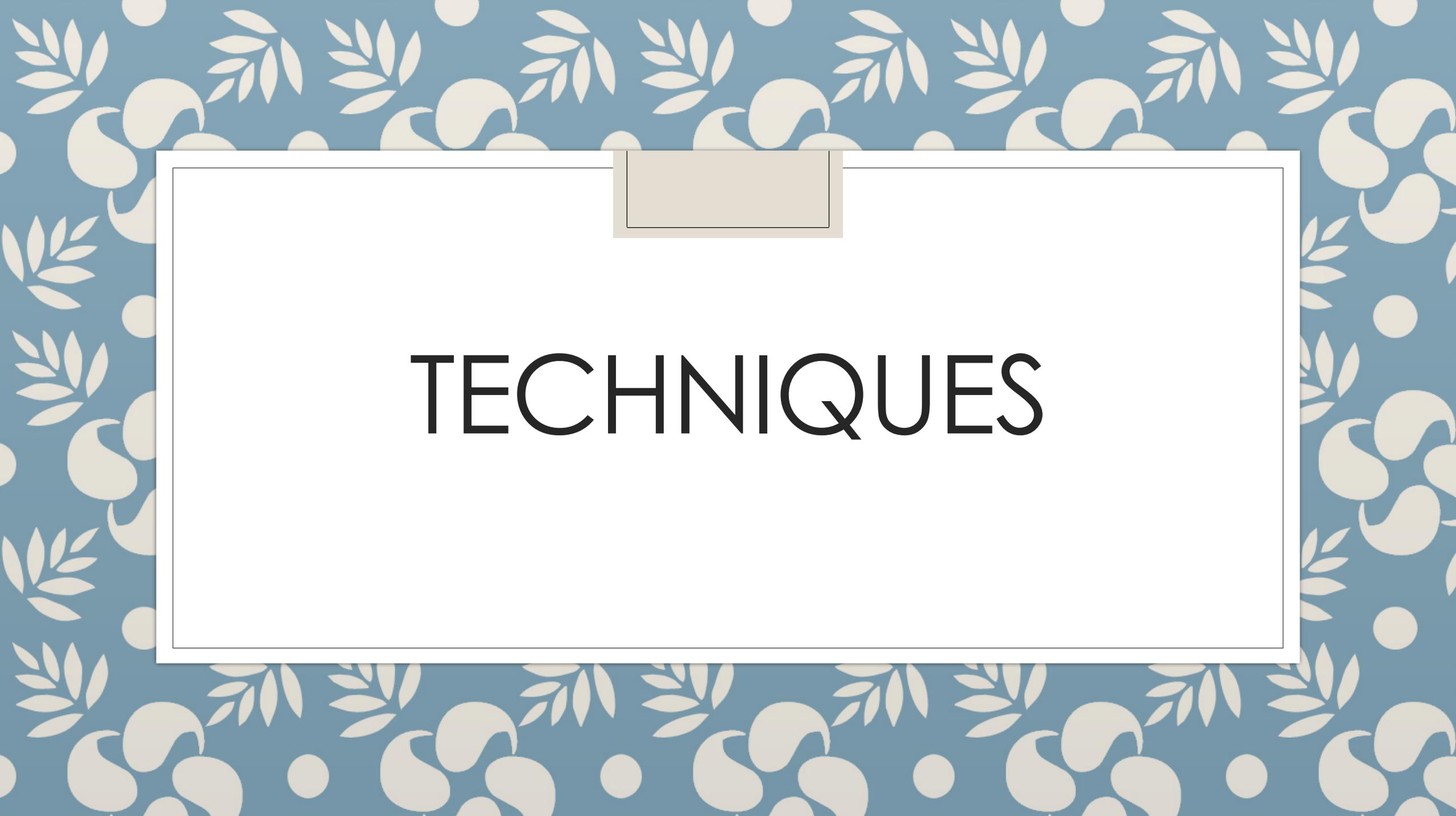
- A meta-analysis of MI and its effectiveness showed that it has been successful in motivating change in a variety of different patients presenting with various problems.

(Lundahl, Kunz, Brownell, Tollefson, & Burke, 2010)

# A comparison of the Health Belief Model, Theory of Planned Behavior and the Locus of Control - study

- Looked at each model in terms of promoting wearing bicycle helmets for students
- Found that Theory of Planned Behavior and Locus of Control had a better fit than Health Belief Model
- However, perceived barriers and cues to action were significant in this study, suggesting that those two items played a role in whether the students wore their helmets or not.

(Lajunen & Rasanen, 2004)



# TECHNIQUES

# HBM Context

- Framework for seeing the patients
  - Put yourself in their shoes
  - Ask questions to better understand how they view their illness
  - Understanding where a patient is coming from will give you a better chance to help move them along the change cycle
  - Try not to assume you know how they feel or what they're thinking
- Cost – benefit analysis
  - What is it worth?
  - Are there certain barriers that causes a patient to feel like the benefit is unattainable or too much work to achieve
  - Using MI and/or problem solving to help the patient move past that barrier to see the problem and solution differently

# MI Techniques

- Simple reflection
- Reframing
- Elicit self-motivational statements
- Scaling Questions
- Decisional Matrix
- Avoid “the righting reflex”

<https://www.ncbi.nlm.nih.gov/books/NBK64964/>

Principles and Techniques of  
Motivational Interviewing

# Benefits

- Evidence shows success in using Motivational Interviewing to motivate change.
- Foundation for how to approach patients who are struggling with a variety of issues (compliance, depression, denial, etc.).
- These techniques focus on the patients beliefs and strengths to elicit their own desire for change or the beliefs that will encourage change.

# Resources

- Boskey, E. (2016). Health belief model. *Very Well*. Retrieved from: <https://www.verywell.com/health-belief-model-3132721>
- Center for Substance Abuse Treatment. Enhancing Motivation for Change in Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1999. (Treatment Improvement Protocol (TIP) Series, No. 35.) Chapter 3—Motivational Interviewing as a Counseling Style. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK64964/>
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# Resources

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- *Principles and Techniques of Motivational Interviewing.* AIPC Article Library. (2015) Retrieved from: <http://www.aipc.net.au/articles/principles-and-techniques-of-motivational-interviewing/>