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Principles of Behaviour Change in Health and Illness

Abstracts of the keynote talks

Howard Friedman

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Title: Pathways to Health and Longevity

Synopsis. Health researchers usually think they are asking the question, “Why do people become ill?” but they are often really studying “Who becomes ill?” There is astounding variability in susceptibility to illness and in the speed and likelihood of recovery. Longitudinal research reveals why it is not random who enters and sustains healthy pathways.

Abstract. Why do some people thrive well into old age while others become ill or die young? Health researchers often think they are asking the question, "Why do people become ill?" when they are really studying "Who becomes ill?" There is astounding variability in susceptibility to illness and in the speed and likelihood of recovery. This talk focuses on our work with the longest continuous cohort study ever conducted, a group of over 1500 boys and girls who were first studied as children in the 1920s and have been followed ever since.

One of the participants, now age 104, is still working, recently told me that his wife had just turned 99, and asked when I was coming back to visit him. Are such matters relevant to a healthy long life? Examining multiple influences across time uncovers important long-term pathways through which personality and social relationships relate to well-being and long life. It also reveals the flaws in centenarian studies and the weaknesses of society's approaches to health promotion and health behavior change. Surprisingly, many aspects of flourishing or stumbling are not random or environmentally determined but involve long-term patterns partly brought on by the individuals themselves. The Longevity Project is an 8-decade study of these pathways to longevity¬-who thrives and lives long, and why.

Susan Michie

Professor of Health Psychology and Director of the Centre for Behaviour Change, University College London, UK

Title: Building the Science of Behaviour Change: Organising and integrating the accumulating evidence

Synopsis. Interventions to change behaviour have great potential to improve global health and well-being. Despite some notable successes, most interventions have not led to hoped-for results. We need better answers to the variants of 'The Big Question': What interventions are effective in changing what behaviours for whom in what circumstances, and how? A vision of a more systematic and coordinated approach to behavioural science will be presented, along with examples of work contributing to this.

Abstract. Interventions to change behaviour have great potential to improve global health and well-being. Despite some notable successes, we still cannot extract what we need to know in order to advance. We need better answers to the variants of 'The Big Question': What interventions are effective in changing what behaviours for whom in what circumstances, and how? We need a more systematic and reliable framework for organising what we learn from research on interventions and an efficient method of incorporating the evidence into the organising framework. This will require a more coordinated approach to behavioural science.

This presentation will describe a programme of work that aims to build on what has been achieved thus far to create the kind of methodological, theoretical and empirical foundation needed to answer the big question more efficiently and accessibly than hitherto. The work centres on creating a populated behaviour change 'ontology' that links interventions (content and delivery), usage (extent and type), context (target population, other behaviours, setting), mechanisms of action (modifiable factors mediating behaviour change), and behavioural outcomes.

A start on developing an organisational framework has been made in terms of intervention content, with a taxonomy of 93 'behaviour change techniques' that can be specified in ways that cut across behavioural domains. Work has begun on developing a framework for mechanisms of action based on 83 behaviour change theories containing more than 1000 differentiable constructs. There is also the beginning of a taxonomy of behaviours identified from more than 5000 studies of behaviour change and organised within the WHO's International Classification of Function (ICF) framework.

Even with a strong organising framework, the enormous volume of research being published on behaviour change, estimated at more than 2000 articles every day, cannot be synthesised effectively and used to populate the behaviour change ontologies by hand. Collaboration is beginning with computer scientists to develop

automated systems for extracting relevant information from articles using natural language processing and machine learning to populate the ontologies and build an interface to allow users to interrogate the ontologies with any variant of The Big Question. To the extent that this ambitious programme can be realised and is successful, progress in establishing the science of behaviour change should proceed more rapidly and intervention designers should be able to construct interventions to meet their needs with greater confidence that they will deliver the intended results

JoAnne Dahl

Professor in Psychology, Department of Psychology, University of Uppsala, Sweden
Licensed Psychologist, Psychotherapist, Supervisor in Cognitive Behavior Therapy,
Internationally Recognised ACT Trainer, ACBS Fellow

Title: You are greater than what you sense, think and feel: An Acceptance & Commitment Therapy application to Behaviour Medicine

Synopsis. First generation behaviour medicine focused on applying behaviour analysis and behaviour principles of treatment to control and reduce symptoms of mainly chronic illness such as epilepsy, asthma or prevent illness such as heart disease. Third wave behaviour therapies such as Acceptance and Commitment therapy (ACT) focus mainly on acceptance of symptoms which turns out to be a more effective means in reducing symptoms and increasing quality of life. This presentation offers an illustration of the evolvement from control and symptom reduction to acceptance, increase in life quality and symptom reduction for a number of physical illnesses. Learning how to get 'bigger than' your symptoms is key.

Abstract. First generation behaviour medicine focused on applying behaviour analysis and behaviour principles of treatment to control and reduce symptoms of mainly chronic illness such as epilepsy, asthma or prevent illness such as heart disease. Third wave behaviour therapies such as Acceptance and Commitment therapy (ACT) focus mainly on acceptance of symptoms which turns out to be a more effective means in reducing symptoms and increasing quality of life. This presentation offers an illustration of the evolvement from control and symptom reduction to acceptance, increase in life quality and symptom reduction for a number of physical illnesses. Learning how to get 'bigger than' your symptoms is key. The presentation offers examples from my own research in epilepsy, asthma, stomach disorders, chronic and acute pain and obesity. Self as context as a specific perspective taking has shown to a key element in helping clients to get 'bigger than' symptoms and from that perspective become aware of relational frames of thoughts, feelings and sensations making up these symptoms. Once the client becomes aware of these ingredients involved in what she call symptoms, she can open up to the actual physical sensation and curiously study its true nature. Becoming aware of the difference between the actual physical sensation involved in symptom and one's thoughts and fantasies entailed in the symptoms helps the client to open up to and accept what is here and now.

Ronan O'Carroll

Division of Psychology, School of Natural Sciences, Stirling University, UK

Title: Health Psychology and Organ Donation

Synopsis. There is an insufficient supply of donor organs to meet the demand for organ transplantations worldwide. There is therefore an urgent need to identify and overcome the barriers to registration. In this talk I will review the evidence regarding barriers to people registering as posthumous organ donors. I will argue that emotional factors play a significant role, and will review interventions that attempt to overcome these barriers and thus increase organ donor registrations. I will also review living donor organ donation and "opt-in" versus "opt-out" schemes.

Abstract. There is an insufficient supply of donor organs to meet the demand for organ transplantations worldwide. In US, over 120,000 residents are on the waiting list for a solid organ transplant, and 18 patients are dying per day before they receive a transplant. This is despite the fact that advances in transplant surgery and immunosuppressant medication means that most recipients would have an excellent outcome. In the UK over 90% of the general public approve of organ donation but only 32% in the UK have registered as posthumous organ donors. This is a good example of the intention-behaviour gap. There is therefore an urgent need to identify and overcome the barriers to registration. In this talk I will review the evidence regarding barriers to people registering as posthumous organ donors. I will argue that emotional factors play a significant role, and will review interventions that attempt to overcome these barriers and increase organ donor registrations. I will also briefly review living donor organ donation and "opt-in" versus "opt-out" transplant schemes.