



Motivating your audience for behavior change

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Why won't they just do what I tell them to do?!



Today's Objective

- How people assess & navigate risk
- How you can engage your audience to bring them along toward healthy choices
- Health Belief Model teaches us about perceptions of risk
- Motivational Interviewing strategies help us connect with our audiences



But first.....

- Let's make it all about me.....



NFPA Vision:

Global leader and advocate

Knowledge, Education, Passion



An informed
and activated
public

- Know how to prevent fire & related hazards
- Know what to do in the event of a fire/emergency



Think for a minute....

- ▶ Of a change you made in your life.....
 - ▶ New job, new school, new home, quitting smoking, starting exercising
- ▶ What motivated you to make the change?
- ▶ What enabled (helped) you to make the change?
- ▶ What rewards (reinforced) you when you made the change?



To make change, a person needs

- A reason to do it (their “Why”/ motivator)
- A way to do it that meets their needs and doesn’t disrupt their lives(enablers)
- For it to have a positive outcome (reward)

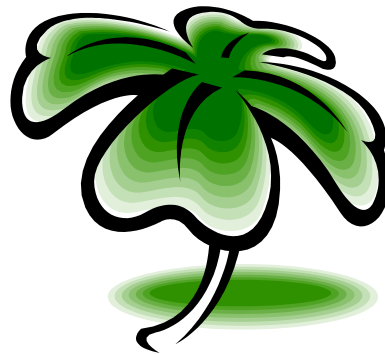
Getting people to change their ways....

► Information \neq Action



Behaviors are derived from a complex, interrelated set of factors including

- Learned behaviors
- Attitudes & Beliefs
- Cultural norms
- Economics
- Geography
- Historical Events



Working with people to make change:

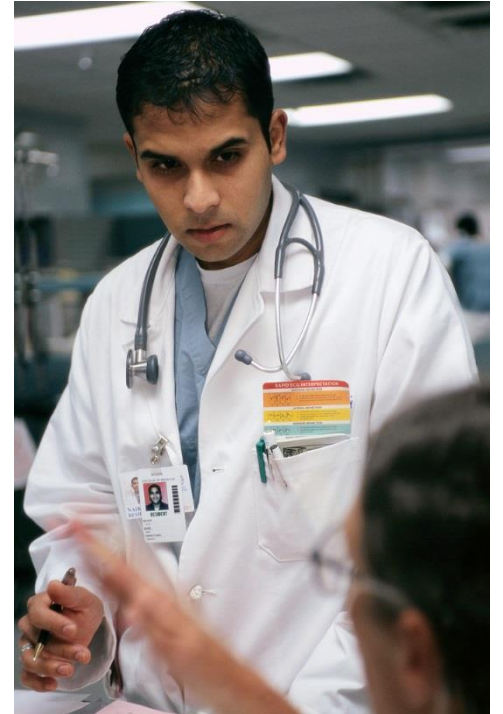
- Behaviors are “ingrained”
- Behaviors have an emotional component
- Behaviors have an environmental component
- To help people make changes, we need to understand what is behind their behaviors....



Health Belief Model

Developed in the 1950's as a way to identify why people didn't take advantage of health services

- Mammograms
- Yearly Physical Exams
- Cholesterol Testing
- Immunizations
- “simple” behavior changes
- Wearing Seatbelts
- Installing smoke alarms



Perceptions (beliefs)

- Perceived Susceptibility
 - Will it happen to me?
- Perceived Severity
 - Is it really that bad?
- Perceived Barriers
 - What's getting in my way?
- Perceived Benefits
 - What's "in it" for me?



Every day people make choices

- Raise your hand if you know & believe that texting while driving increases your risk of a crash
- Raise your hand if you believe that texting while driving makes you 23X more likely to get into a crash
- Raise your hand if you've ever READ a text while driving
- Raise your hand if you've ever SENT a text while driving



Perceived Susceptibility

(Motivator)

How likely am I to be a victim of fire?

- Do I know anyone who's experienced fire?
- How often does a fire happen in my community?
- What's the real chance of a fire in my home?



PERCEIVED SEVERITY

(Motivator)

IF a fire were to happen.....

- I have time to get out
- I can call 911
- I can put it out



PERCEIVED BENEFIT

(Reward)

Will safety actions really work anyway?

- Hard to accept a benefit that hasn't happened
- Each day a fire does not happen the issue is further out of mind



PERCEIVED BARRIERS: Even “simple” behaviors have lots of barriers and decision points!

(Enablers)

- WHICH ONE?
- How Much?
- How to install?
- How do I know it's working?
- Okay it's in, now what?



Our Perceptions

In regards to home fires, we might overestimate:

- The number of available escape routes
- How long we have to safely escape
- Our ability to put it out

We might underestimate:

- The challenges of moving through a smoky home
- The need to leave when the alarm sounds
- How rapidly fire spreads



Motivational Interviewing

- Not an interrogation!
- Not living in a van down by the river!
- Technique to engage your participants in which you:
 - act as a **PARTNER** rather than an authority
 - **ACCEPT** that people have control over their choices, even if you disagree with them
 - **EVOKE** information about the person to use in making change

Motivational Interviewing to address perceptions

Motivational interviewing techniques allow you to help others to.....

- Believe it can happen to them
- Believe that if it does happen, that it will be serious enough to cause limitation/disruption
- Believe the benefits outweigh the barriers!
- Create their own action plan they are willing to put in place!



Understanding your participants' perceptions of the world around them – what they value, what they fear

- Crime
- Disease
- Trust of the “system”
- Internal vs. External locus of control
- Perception = Reality (even if you think they are wrong!)



Critical to MI is EPE: Elicit, Provide, Elicit

- Elicit: ask open ended questions
 - Current knowledge & practice
 - *“Have you ever fallen or almost fallen in your home?”*
- Provide:
 - With permission, provide relevant information
 - *“Would it be okay if I shared with you some ways you can prevent falls?”*
- Elicit:
 - Check for understanding and attitudes
 - *“Do any of these ideas seem like they would fit with your desire to stay in your home?”*

Using open-ended questions & MI to understand people's perceptions & engage them

- Susceptibility:
 - How likely is a fire to happen in your home/do you know anyone who has experienced a fire in their home?
 - Have you ever forgotten something on the stove until it caught/nearly caught fire?
- Severity:
 - What might get in the way of you getting out in the dark or through smoke?
- Benefits:
 - What do you value about your home and family?
- Barriers
 - When you are at the store, what would it take to get you to buy an alarm?

Integrate your knowledge to address perceptions

- Susceptibility:
 - Discuss local data, local stories/people
- Severity:
 - Provide relevant information
- Benefits:
 - Find out what people value: time, energy, convenience, peace of mind
- Barriers:
 - Go into your “toolbox” and offer resources and support

Some behaviors are complex.....

- Exercising
- Quitting Smoking
- Changing your eating habits



Use MI techniques to help participants find what they are willing to do

- Smoking
 - *“I understand that you are not interested in quitting smoking at this time; would you be willing to smoke outside to reduce your risk of a fire?”*
- Exercise
 - *“I hear you saying that you aren’t interested in going out for a walk, with your permission, I can show you some stretches you can do in your chair that can help maintain your balance to prevent falls”*
- Home clutter
 - *“Is there one rug you are willing to remove or switch out to reduce your risk of tripping?”*



Making Change...

- ADDRESS:
 - Keep it simple – help the participant create their own plan for a single meaningful change
 - Focus on what the person is willing to and CAN do
- SUPPORT:
 - Provide (with permission) resources, tools, support, modeling
 - Check for understanding and additional questions/concerns

Support:

- What resources can you offer?
- What kinds of behaviors can you model?
- What suggestions can you make that won't disrupt the person's home life?



A Conversation with Ms. King

- What are some ways we can turn this from a lecture to an “interview?”
- That’s a nice rug, how long have you had it? Are you concerned that you might trip over it? Would you be willing to put it somewhere out of your walking path?
- How long have you lived here? What do you like about living in your home? What kinds of things would you like to do to be able to stay here?

Motivational Interviewing (MI)

How can we use MI to have more impact during home visits?

Collaboration & Partnership:

The helper is a partner rather than an authority figure

Evocation:

Drawing out 's own person's ideas, motivations, and skills for change.

Autonomy:

The person is responsible for making change happen.

MI: Practice EPE – Elicit Provide Elicit

Elicit: “Ms. King, what do you know about side effects your medications can have?”

Provide: “You know the medications can affect your balance. You take your medications just as the doctor prescribed them. Would it be ok if we talk about how they might affect your safety at home?”

Elicit: “What do you think about what we have talked about?”

MI: Seek Collaboration

Collaboration builds partnership and removes the hierarchy that brands the helper as an authority figure.

Ask questions to set the scene for collaboration.

- “Ms. King, would it be OK if we spent some time this morning talking about some ways you could be safer in your home?”
- “I have some information about how fires tend to start in homes. Would it be OK if I shared that information with you?”
- “Ms. King, what are your thoughts about making your home safer?”

MI: Emphasize Autonomy

Autonomy: The person is in charge!

An emphasis on autonomy is important in the change process.

- “Ms. King, you know yourself and your home best. What do you think should happen to ensure your safety?”
- “Talking with me about making your home safer is both difficult and exciting. You are considering the information and coming up with a plan that will work for you.”
- “Ms. King, you enjoy gardening. No one wants you to stop doing something that makes you happy. Are there changes you are thinking about that would ensure your safety when you are out in the garden?”

You are **AWESOME!**

- **Patience....**
 - Takes 7 tries to quit smoking
 - Takes time to break habits
- **Persistence...**
 - Keep asking/addressing
- **Practice...**
 - Be willing to show/do/model; don't assume they know what to do





Obrigado!



What are you struggling with?



MI in action

- https://www.youtube.com/watch?time_continue=16&v=C02a_rAlho0