NDMA
Behavioral Medicine in the Time of COVID-19

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Format:

--General overview of health behavior concepts

--Doctor/patient communications re: behavior change

--Public Behavior Change
What is “Behavioral Medicine?”

“Behavioral medicine is the interdisciplinary field concerned with the development and integration of behavioral, psychosocial, and biomedical science knowledge and techniques relevant to the understanding of health and illness, and the application of this knowledge and these techniques to prevention, diagnosis, treatment and rehabilitation.”

Society of Behavioral Medicine
Some Examples of Modifiable Health Risk Behaviors

- Low physical Activity
- Tobacco use
- Poor nutrition
- Excessive alcohol use
- Sleep
Common medical conditions for which behavioral medicine can be useful...

- Headaches (tension/migraine)
- Chronic pain conditions
- Certain digestive conditions (including IBS)
- Sleep disorders (particularly insomnia)
- Skin disorders
- Weight management (in concert with nutrition/exercise)
- Sexual disorders
- Chronic disease management (to be discussed)
Six in ten adults in the US have a chronic disease and four in ten adults have two or more.

90% of the nation’s $3.5 trillion in annual health care expenditures are for people with chronic and mental health conditions.¹²
You sometimes will see the term “Behavioral Medicine” refer to behavioral health techniques used to treat a number of medical and mental conditions.

Such techniques include:

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Acceptance and Commitment Therapy (ACT)
- Biofeedback
- Hypnosis
- Relaxation
- Mindfulness meditation
- Motivational Interviewing
Better Health Through Behavior Change

• Isn’t this just psychobabble?

• (And, doesn’t this mean that people who won’t change their behavior are just being stubborn?)
Myths

• You need to be a psychologist to learn behavioral medicine techniques

• People will change their health behaviors once they have the facts.

• All behavioral medicine techniques work equally well for all conditions
“Adverse Health Behaviors...”

Most prevalent among those:

- of lower economic status
- with less formal education
- with limited access to healthcare
Psychological Barriers

1. Admission of a problem
2. Initial attempts
3. Sustaining the gain
<table>
<thead>
<tr>
<th>Stage</th>
<th>Characteristics</th>
<th>Strategies</th>
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</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>Change is not on the radar, or have “given up trying.”</td>
<td>Raise awareness; (”it’s not that we can’t see the solution, we don’t see the problem…”)</td>
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<tr>
<td>Contemplation</td>
<td>Ambivalence; acknowledgement of some issue-weighing “cost/benefit”</td>
<td>Identify barriers, misconceptions</td>
</tr>
<tr>
<td>Preparation</td>
<td>Ready to experiment with small change</td>
<td>Develop realistic approach, positive reinforcement</td>
</tr>
<tr>
<td>Action</td>
<td>Taking definitive action</td>
<td>Positive reinforcement</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Striving to maintain over the long haul</td>
<td>Encouragement/support</td>
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SBIRT (Screening, brief intervention and referral to treatment)

- **Screening**
  - **Screening**
  - **Yes**: Healthcare professional asks further questions to assess level of use
  - **No**: Reinforces positive behavior

- **Brief Intervention**
  - High-risk use
  - Severe use

- **Referral to Treatment**
So, What is Motivational Interviewing?

It is based on 4 core principles:

- Express empathy (i.e., lecturing/shame doesn’t work...)
- Develop discrepancy (between current and desired behavior-change takes time)
- Roll with resistance (everyone is ambivalent)
- Support self-efficacy (individual autonomy)
Admiration

• For most patients, it is quite easy. But for some, not so much...To be able to work with him or her, you need to be able to find something that you admire about your patient.

• (I said admire, not necessarily like...)
Communication

• Language Matters

• And so do non-verbals
Let’s talk pandemic health behavior

Masks/Distancing

Belief system
I’m a doctor, why won’t you believe me? (remember, “admission of a problem…”)

• Confirmation bias

• Cognitive dissonance

• Logical Fallacy-Circular Reasoning- (Conspiracy Theories)
Confirmation bias
(Doctors and patients...)

The tendency to interpret new evidence as confirmation of one's existing beliefs or theories.  

“"I will look at any additional evidence to confirm the opinion to which I have already come”' 

(Lord Molson, British Politician, 1903-1991)
“You are entitled to your opinion. But you are not entitled to your own facts.”

— Daniel Patrick Moynihan

“In a time of universal deceit, telling the truth is a revolutionary act.”

- George Orwell
On the Other Hand...

• “Be frugal with the currency of righteous indignation...”

McLean
Cognitive Dissonance

• The state of having inconsistent thoughts, beliefs, or attitudes, especially as relating to behavioral decisions and attitude change.
  • Oxford Languages

• This often causes discomfort

• How do people deal with cognitive dissonance?
  • Dig in (rationalize-reject conflicting information)
  • Change (reconcile the differences)
Backfire effect

Interestingly, self-esteem may play a role; contrary, new information may actually decrease an individual’s self-esteem, without changing behavior.

Protection of positive image of self/group, security and certainty are important.

Cohen et al. describe one solution as: Coupling the affirmation of basic values with opportunities for message correction.
Remember, in motivational interviewing lecturing/shame doesn’t work...

Appeal to an individual’s sense of integrity, attempt to land on common ground
The Cassandra Curse...

• The gift of prophecy (i.e., an expert) who no one believes...

• Ways in which persuasion of the decision-makers might occur:
  
  • The expert is seen as expert
  • The expert is not seen as “other”
  • The timing of the issue is relevant and current
  • When the necessary change is on a continuum, i.e., not a radical leap
Beliefs and battles

- How do people evaluate information?
  - 1) is it compatible with what I believe?
  - 2) Is the story coherent?
  - 3) Is the source credible?
  - 4) Do others believe it?

Increasing effectiveness of retraction of conspiracy theory information:
  - A) Addressing at the initial time of misinformation
  - B) Repetition of the retraction
  - C) Corrections that tell an alternative story to fill the gap

Lewendowsky et al...
Viktor Frankl, physician, concentration camp survivor and author of “Man’s Search for Meaning,” saw freedom and responsibility (toward self and others) as two sides of the same coin.

One of his favorite quotes:
“I recommend that the Statue of Liberty on the East Coast be supplemented by a Statue of Responsibility on the West Coast.”
Health behaviors and COVID-19

• Research supports that individuals with healthy pre-COVID behaviors have healthy behaviors during the pandemic.

• Health behaviors are connected, and changing one often has an impact on changing others...

  • Recent study showed that a) if people believe masks are effective, and b) public authorities require this, they are very likely to wear them. (Interestingly, doing so resulted in a slight lapse in physical distancing...)

  • Older people are most likely to adhere...
Does wearing a mask in public impact COVID-19 spread?

**Exhibit 1** Event study estimates of the effects of states mandating community face mask use in public on the daily county-level growth rate of COVID-19 cases, 2020

Tipping Points...

In general, what percent of the population needs to take a stand before large-scale social change occurs?

a) 5%
b) 25%
c) 51%
d) 75%

Physicians should:

• Work towards and advocate for the reform and proper administration of laws related to health care. Physicians should stay well informed of current political questions regarding needed and proposed reforms.

• Stay well informed about needed or proposed policies concerning health care access and quality, medical research and promoting public health so as to be able to advocate for patients’ needs.
Recap

• People need more than just information to change behavior

• Awareness of people’s readiness for change helps with efficient use of resources

• Assisting patients to find and activate their own motivation is “where the money is...”

• Find common ground.

• Don’t forget the issue of “self-esteem.”
Questions/Comments?