Module 13.4   How to Change Behavior Patterns

Behavior patterns usually give stability and efficiency to our lives. Some examples of behavior patterns are performing tasks in a particular way, collaborating on an assignment, working in concert in the laboratory, planning experiments with your team, collaborative decision-making and managing conflict. Behavior patterns are recurrent ways of acting by an individual or a team toward a given object, in a given situation, or a recurrence of two or more responses that occur in a prescribed arrangement or order. Many patterns develop through reward and punishment and are called learned behavior.   Behavior patterns are also described as chains of behavior, which are multifariously linked from simpler, smaller segments. Behavior patterns (outside of simple instinct) come from three general areas: your particular strengths and weaknesses, learned reactions from experiences, and habits. Behaviors begin mentally therefore training your body, mind, and emotions to do what you want is a mental exercise. We often think of "behavior" in terms of activities such as procrastinating or overworking. When you consider how you behave, you discover that your thoughts, your emotions, and even your *beliefs* are the true roots of these behaviors. Because all these behaviors are yours alone, you have the right and the power to change them.

Some behavior patterns that team members may want to change are procrastination, over analyzing a problem, being late to meetings, or poor time management. We may be frustrated by the typical ways we deal with situations and treat other people. We may react all too often with frustration towards others, or be "controlling", timid, or wanting to speak up but not having the self-confidence to act. Changing these types of behavior patterns can increase confidence in a person's abilities and self-esteem.   Behavior patterns are usually context specific. Changing behavior usually happens in stages.

The Transtheoretical Model (TTM) (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992) is an integrative, biopsychosocial model to conceptualize the process of intentional behavior change. The TTM seeks to include and integrate key constructs from other theories into a comprehensive theory of change that can be applied to a variety of behaviors, populations, and settings. The model focuses on individual decision-making and intentional change. The TTM assumes behavioral changes are not quick or decisive because changes in behavior, especially habitual behavior, occur through a cyclical process. The TTM posits individuals move through six stages of change: precontemplation, contemplation, preparation, action, maintenance, and termination. For each stage of change, different strategies are utilized to move forward into the next stage of change.

Studies of change have found that people move through a series of stages when modifying behavior. While the time a person can stay in each stage is variable, the tasks required to move to the next stage are not. Certain principles and processes of change work best at each stage to reduce resistance, facilitate progress, and prevent relapse. Those include decisional balance, self-efficacy, and processes of change. The stage construct represents a temporal dimension. Change implies phenomena occurring over time. Traditionally, behavior change was often construed as an event, such as quitting smoking, drinking, or overeating. TTM recognizes change as a process that unfolds over time, involving progress through a series of stages. While progression through the "Stages of Change" can occur in a linear fashion, a nonlinear progression is common. Often, individuals recycle through the stages or regress to earlier stages from later ones.

We all have the capacity to "self-program" and create new mental models and revise old mental models. Creating our beliefs, feelings, and thoughts allows us to open to the unknown, we release our self from what we already think, feel, and believe. When there is a field of "emptiness" we are able to see space rather than barrier, new possibilities can emerge; we are free to go beyond our limiting beliefs. We need to think about beliefs that are imposed and that leave no room for an alternative perspective or point of view. Think about all of the things you are overtly or covertly instructed to avoid; how much of your behavior was modified, or even extinguished. We soon realize that some of this conditioning is necessary for the purposes of survival and socialization. When working on a team conditioning is done in a milder form, such as disapproval or pressure to comply and conform.

Stage 1 – Precontemplation (not ready) – There is no intent to take action in the foreseeable future (6 months). The person is often unaware that their behavior is problematic or produces negative consequences. A person in this stage often underestimates the benefits for changing a behavior and places too much emphasis on the unfavorable reasons for embracing the behavior. Being uninformed or under informed about the consequences of one's behavior may cause a person to be in the Precontemplation Stage. Multiple unsuccessful attempts at change can lead to demoralization about the ability to change. Both the uninformed and under informed tend to avoid reading, talking, or thinking about the needed behavior change. They are often characterized as resistant, unmotivated, or not ready for help.

Stage 2 – Contemplation (Getting ready) – There is an intention to start the behavior change in the foreseeable future (within 6 months). The party acknowledges that their behavior may be problematic. The person thoughtfully and practically considers the changes needed to interrupt the behavior pattern. A person may still feel ambivalent toward changing their behavior. The polemic can be that the behavior may have beneficial as well as negative aspects. Considering changing the behavior, losses may weigh equally with the gains. This weighting between the costs and benefits of

changing can produce profound ambivalence that can cause people to remain in this stage for long periods of time. This phenomenon is often characterized as chronic contemplation or behavioral procrastination.   Many times the person begins a dialogue with others to bounce off the relative merits of continuing or quitting the behavior so strategies can begin to be implemented for changing the behavior as well as understanding the pattern of behavior in more detail.

Stage 3 - Preparation (Determination and Ready for Change) – There is an intention to take action in the immediate future, usually within 30 days. Typically, some significant action in the past year has been initiated. These individuals have a plan of action. The person starts to take small steps toward the behavior change, and believes changing their behavior can lead to a healthier life. In this stage of change a decision to quit has been made and preparation for action is underway. Gathering information on how best to change the behavior is initiated.

Stage 4 - Action – Action is the stage where specific overt modifications in lifestyles within the past six months are made and there are intentions to keep moving forward with the behavior change by modifying the problem behavior or acquire new healthy behaviors. Because action is observable, the overall process of behavior change often has been equated with action. But in the TTM, action is only one of six stages. Typically, not all modifications of behavior count as action. In this stage of change, you are already changing. You will need support and encouragement along the way. Engaging your family and friends in facilitating change is common in this stage.

Stage 5 - Maintenance – The behavior change is sustained for more than 6 months and the intension is to maintain the behavior change going forward. Specific support systems are in place to prevent relapse to earlier stages. Maintenance is the stage in which people have made specific overt modifications in their lifestyles and are working to prevent relapse; however, they do not apply change processes as frequently as do people in the action stage. While in the Maintenance Stage, people are less tempted to relapse and grow increasingly more confident that they can continue their changes. Based on self-efficacy data, researchers have estimated that Maintenance lasts from six months to about five years. In this stage of change you need to continue to reinforce, support and encourage the behavior changes you have already made. It's still early days and temptations may still loom, although probably not with the same strength. Enlist support to help you to continue to consolidate and internalize the changes. Your new healthy behavior may not have taken root and like a young sapling, could be easily trampled underfoot. Stressful life events such as moving, losing a job, or a relationship break-up could easily undermine your progress. Just remember, you're not out of the woods yet, so this is no time to be complacent. Telling yourself things like "I've been so good, I can leave that work until the last minute." Is detrimental to the change process. An interesting fact to bear in mind is that most people go through the cycle of change several times before successfully quitting the behavior. Think of how many times you

have stated you want to change the behavior and haven't or say, "I'll do better next time."

Stage 6 - Termination – The person has no desire to return to their unhealthy behaviors and is sure they will not relapse. This is the extinguishing of the behavior and is difficult to reach because in some instances the behavior may re-emerge. Termination is the stage in which individuals are not tempted; they have 100% self-efficacy. Whether depressed, anxious, bored, lonely, or angry individuals in this stage are sure they will not return to the behavior. It is as if their new behavior has become an automatic habit. The criterion of 100% self-efficacy may be too strict. In areas like exercising daily the realistic goal may be a lifetime of maintenance.
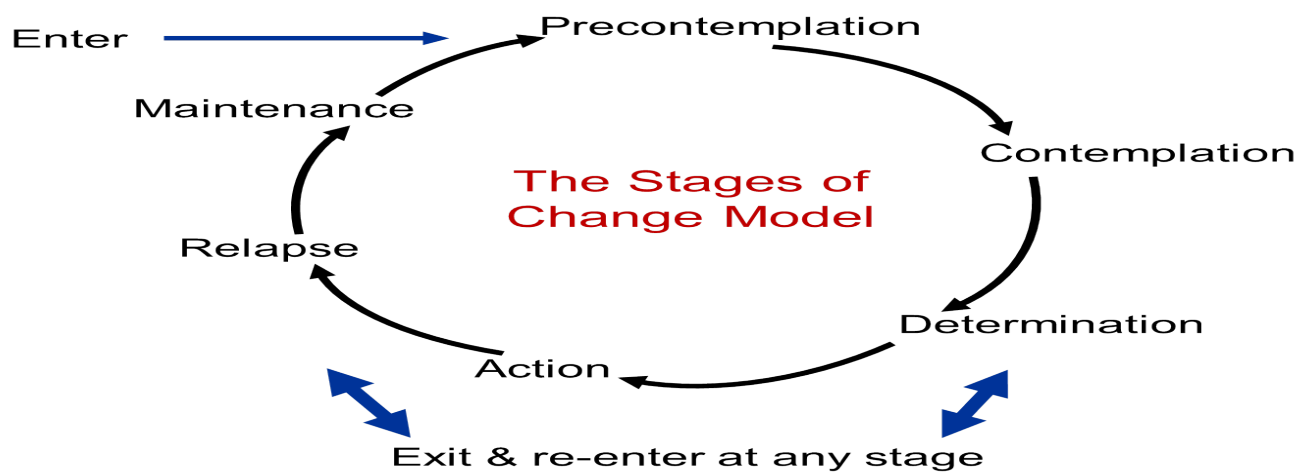
To progress through the stages of change, people apply cognitive, affective, and evaluative processes. Ten processes of change have been identified with some processes being more relevant to a specific stage of change than other processes. These processes result in strategies that help people make and maintain change.

Precomtemplation
1. Consciousness Raising - Increasing awareness about the healthy behavior.
2. Dramatic Relief - Emotional arousal about the health behavior, whether positive or negative arousal.
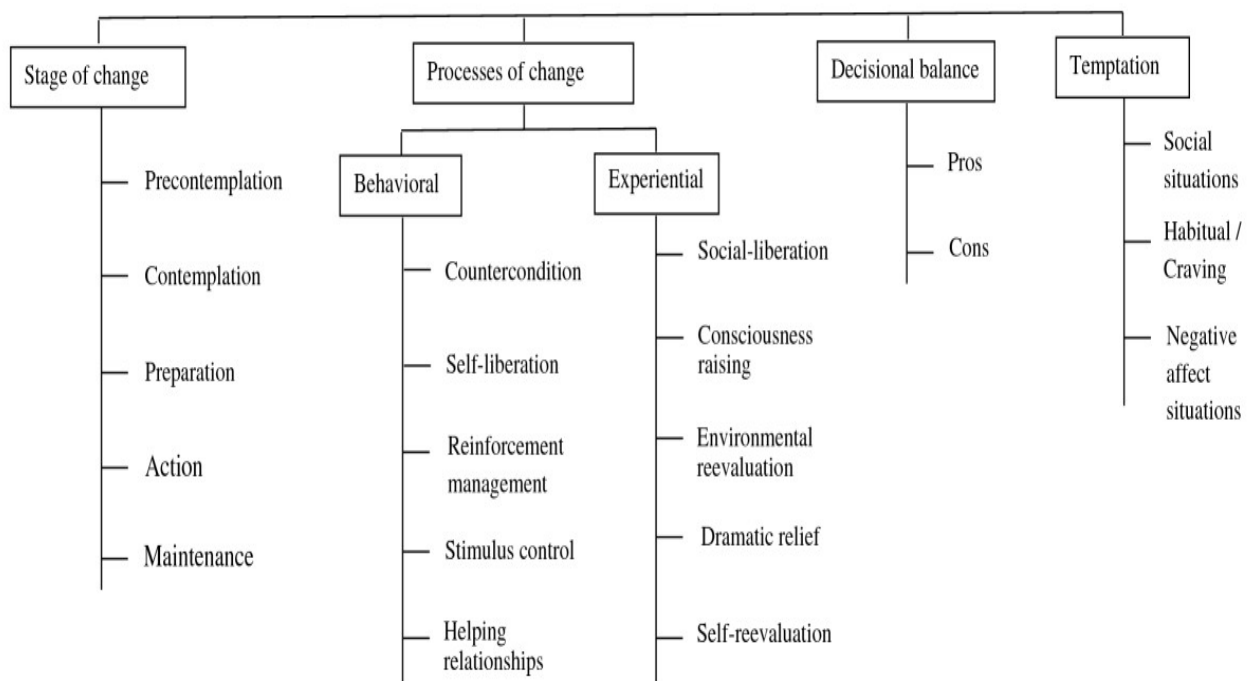
Contemplation
1. Self-Reevaluation – Self-reappraisal to realize the healthy behavior is part of who they want to be.
2. Environmental Reevaluation - Social reappraisal to realize how unhealthy behavior affects others.
3. Social Liberation - Environmental opportunities that exist to show society is supportive of the healthy behavior.

Action

1. Self-Liberation - Commitment to change behavior based on the belief that achievement of the healthy behavior is possible.
2. Helping Relationships - Finding supportive relationships that encourage the desired change.
3. Counter-Conditioning - Substituting healthy behaviors and thoughts for unhealthy behaviors and thoughts.

Maintenance

1. Reinforcement Management - Rewarding the positive behavior and reducing the rewards for instituting the negative behavior.
2. Stimulus Control - Re-engineering the environment to have reminders and cues that support and encourage the healthy behavior and remove those that encourage the unhealthy behavior. (http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/SB721-Models/SB721-Models6.html)

(Sarbandi F., S Niknami S., Hidarnia A., Hajizadeh E., Montazeri A. (2013)

Characteristics and Strategies for Change

Stage 1. Precontemplation (not ready)

 "As far as I'm concerned, I don't have any problems that need changing" and "I guess I have faults, but there's nothing that I really need to change." Resistance to recognizing or modifying a problem is the hallmark of precontemplation.

Characteristics:
Unaware behavior is a problem.
Not interested in discussing behavior with others who see behavior as a problem.
No intention of changing behavior.
Unaware of the risks or easily rationalizes them away.
May have made previous attempts to change and feels hopeless about change.

Strategies:
1. The positives have to outweigh the negatives for someone to actually do a new behavior successfully. Find personally salient, specific, positives or motivators and honestly sort them out.
2. Raise doubts or concerns in behavior to help develop an awareness of consequences.
3. Developing discrepancy between present behavior and important goals to motivate change.
4. Increase awareness of need for change.
5. Personalize information on risks and benefits.
6. Reduce fears associated with having to change behavior (costs are too high, etc.).
7. Assess your knowledge, attitudes, and beliefs about the behavior. Then build on your existing knowledge.
8. Focus on the impact the behavior has had on the team.

Stage 2. Contemplation (Getting ready) – Acknowledging and considering the Problem
 "Someday I will change. I have a problem and I really think I should work on it" and "I've been thinking that I might want to change something about myself." Serious consideration of problem resolution is the central element of contemplation.

Characteristics:
Some awareness of the need to change behavior.
Begins to realize the risks of the behavior.
Actively weighing the positives and negatives of the behavior.
Expresses awareness of need for change, but may waver in willingness to change.
Identifying how we behave, and how we execute the behavior is integral to changing the behavior.

Strategies:
1. Identify the behavior that is causing problems.
2. Inquire of yourself what is going on?
What am I doing? Specificity is valuable at this stage.
Example: "Stop being irresponsible" is nebulous.
Specific:
　　　　　How am I being irresponsible?

How is being irresponsible affecting others?

Decide in which contexts this behavior can be negative and which contexts it can be a positive behavior?

Research the behavior by asking others how it is affecting you and your ability to function on a team. If your problem is irresponsibility, search the Internet for more information about the behavior. Information is power and the more you know about the problem the easier it will be to understand and change.

Sometimes it isn't obvious when people are shirking their responsibilities, but there are several signs:

    a. Lacking interest in your work, and in the well-being of the team.
    b. Blaming others for mistakes and failures.
    c. Missing deadlines.
    d. Avoiding challenging tasks and projects; and not taking risks.
    e. Regularly complaining about unfair treatment by team leaders, team members, faculty and others – and engaging in self-pity.
    f. Avoiding taking initiative, and being dependent on others for work, advice, and instructions.
    g. Lacking trust in team members, leaders and advisors.
    h. Making excuses regularly – they may often say "It's not my fault," or, "That's unfair."

3. Why is this behavior persisting? What motivates you to continue the behavior?
Is it just a habit that you aren't aware of? Is it a pattern you learned in your family and were not aware of?

4. Do you benefit from the behavior in some way?

5. If you engage in negative self-talk or labeling or other cognitive distortions, where did you learn this? If you engage in labeling what do you specifically call yourself?

6. What keeps you from changing it? Identifying your motivation can be quite difficult at times. This may be the most difficult part, but be persistent. The more effort you put into identifying your motivation the more successful you will be.

7. How do you perform the behavior? If you don't meet a deadline, what do you do instead? What distractions do you use?

8. How do you change the behavior?

9. What are you specifically going to do to change the behavior?

10. If you are going to eliminate negative labels you are applying to yourself, what are you going to replace them with?

In some cases such as being irresponsible not all of these steps are warranted. Once we realize that we are not meeting deadlines in the hopes that someone else will do the work, this may be all that is needed. Our realization that we are putting an unfair burden on another person may extinguish the behavior itself. There are also many ways of working through this process. Each person is different and we all have to find the ways that work best for us.

A simplified step-by-step method is:

1. Identify problematic behaviors.
2. Prioritize behaviors to change.
3. Discuss motivation.
4. Identify barriers to change and possible solutions.
5. Plan small, achievable steps to make a change.
6. Focus on benefits the change will have on loved ones.

Meditation/Relaxation
Some people are more right-brained or more conceptual and find solitary self-reflection easier. They may schedule quiet time and utilize meditation or other relaxation techniques to tune into their inner dialogue and work through the process described above.

Make a List
Other people are more task-oriented, more visually oriented, or may prefer something more concrete and tangible like making a list. If you wish to make a list, divide a piece of paper into four columns as shown below. You may want to start working with just one behavior until you get the hang of the procedure.

Behavior	Motivation	Method	Change
Missing Internal Deadlines	To avoid an unpleasant task Hoping my team members will do the work	I do other work I am more comfortable doing	I will choose to keep internal deadlines for less motivating tasks a priority
Derogatory self talk	Fear of success Fear of failing and being ridiculed for the work I produce. If I refer to my strengths in writing in positive terms others may disagree	I label myself with derogatory names like "useless" and weak in collaborative writing	I will attend to my internal dialogue, listen for derogatory terms, and replace them with a label that is more accurate.

Stage 3 – Preparation "I want to change but I am not sure I can so I will begin to think about changing the behavior by instituting the following strategies."

Characteristics:
Believes that the behavior can be changed and that she/he can manage the change.
Made some successful attempts to change in the past.
Expresses intent to change.

Clearly sees the benefits of changing the behavior.
Intends to take action soon and has taken some behavioral steps in this direction.
Lacks self-efficacy to take steps necessary for long lasting

Strategies:
1. Find strong motivators
2. Understand challenges
3. Identify possible solutions
4. Elicit self-motivating statements or change talk.
5. Firmly commit by develop concrete plans and motivate yourself by acknowledging the commitment you have made, then initiate change.
6. Clarify goals and strategies for change.
7. Negotiate action plan with yourself for change
8. Increase self-efficacy through gradually increasing more difficult tasks.
9. In your plan initial small steps to change.
10. Discuss with the team earlier attempts to change and ways to succeed.
11. Elicit support

Stage 4 – Action – "I am really working hard to change" and "Anyone can talk about changing; I am actually doing something about it." Modify the behavior to an acceptable criterion and concerted overt efforts to change are the hallmarks of action.

Characteristics:
Making the behavior change (1st day to 6 months).
Emotionally, intellectually, and behaviorally prepared to make the change.
Expressed commitment to change.
Develops plans to maintain change.

Strategies:
1. Because there is a high risk of lapse and relapse back to Preparation at this stage, techniques to manage challenging situations are important. Note that there is a distinction between lapse and relapse. A lapse is a single slip in a desired behavior that may or may not lead to a relapse. Whether a lapse becomes a relapse depends on the individual's response to lapses, perceived loss of control, and social network.
2. Support your self-efficacy or the belief and confidence in the possibility of making change through self- affirmation.
3. Maintain a realistic view of change through small steps.
4. Make a list of a range of alternative approaches available, and for carrying out change strategies.
5. Identify "risk situations, and develop appropriate coping strategies to overcome these with the team.
6. Ask the team to give feedback, problem solving strategies, and social support.

Stage 5: Maintenance – "I may need a boost right now to help me maintain the changes I've already made" and "I'm here to prevent myself from having a relapse of my problem." Stabilizing behavior change and avoiding relapse are the hallmarks of Maintenance.

Characteristics:
New behavior practiced consistently for over six months.
New behavior becoming habitual.
Expresses confidence in ability to continue change and reinforces commitment.

Strategies:
1. Adapt plans to support the changes you wish are making.
2. Build strategies for coping with risk situations and avoiding relapse.

Stages 6 Relapse and Termination

Characteristics:
Cope with consequences, and decide what to do next.

Strategies:
1. Reenter the change cycle and reconsider positive change.
2. Observe factors that may trigger relapse serves as useful information for future change attempts.
3. Find alternative to coping strategies / behaviors.

Initiating Change on a Team

Some members are more verbal and find it much more helpful to work through this process by talking with another team member or someone outside the team. Whichever method you choose, it is very important to remember how long you have been doing this behavior and allow yourself sufficient time to change it. The more subjective the behavior is the harder it will be to change. Listening to your internal dialogue, catching each and every time you refer to yourself with a negative label and changing that label is infinitely more difficult. Our minds race along at light speed and being aware of an unconscious process is very tedious and challenging. Be patient with more difficult tasks and allow sufficient time for change. It is useful to know which stage of change you are currently experiencing because then you can use specific, targeted strategies that will be effective in taking you to the next level in your recovery. If you don't use the right strategy for your particular stage of change, then your attempt at recovery can stall. This also helps to explain why rehabilitation sometimes fails.

- Is affecting behavior change our role as project leader?
    As a leader are we leading to facilitate change or for support?
    So what is out role as a leader to support change? Our role is to encourage and support, wherever they are in the process of wanting to or planning change.

If a team member is a Pre-Contemplator, Contemplator, or maybe some in the Preparation stage, what is the goal of the leader?

If a team member is actively working on change then assist them to build supports in their environment. For example, people, places and things.

- As team members are we trying to change members to our way of thinking or to successfully manage the project?
- Is the team culture we created conducive to change unproductive behavior patterns?
- Once team members state they want to change, why isn't the team changing?
- Stages of change is a way to assess a team member's intention to change and it has been shown that the stages are a good predictor of the amount of progress people will make transforming strengths into weaknesses.
- One important idea is the pros and cons of the behavior change. In the early stages, the cons are very strong and the pros are not. As the client moves through the stages the pros get stronger until they are enough so that the person is ready to change. The cons are still there often but they are not that strong now
- Progress through the changes is cyclical; people can change stages even in a conversation
- Change is a process not a one-time event.

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Adapted from:
http://sphweb.bumc.edu/otlt/MPH-Modules/SB/SB721-Models/SB721-Modules6.html

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