

Community of Practice (CoP) Interventions for Integrated Behavioral Management of Chronic Conditions

Tuesday, November 18, 2025

2:00 p.m. ET to 3:00 p.m. ET

Office Hours

3:00 p.m. to 3:30 p.m. ET

Disclosure

This webinar was produced for the Health Resources and Services Administration (HRSA), Bureau of Primary Health Care under contract number 47QRAA18D00FZ/75R60224F80097. This publication lists non-federal resources in order to provide additional information to consumers. Neither HHS nor HRSA has formally approved the non-federal resources in this manual. Listing these is not an endorsement by HHS or HRSA.

Session Three

Foundations of Effective
and Sustainable Health
Behavior Change

Your Facilitator



Amber Murray, RN, BSN, MA, PMP

CoP Session Objectives

Participants in this CoP session will:

1. Review the 3 ingredients of behavior change: prompts, ability, and motivation.
2. Explore the 3 levels of behavior change:
 - a. Identity (Who/Why)
 - b. Outcome (What)
 - c. Process (How)
3. Use a Plan, Do, Study, Act (PDSA) continuous process model to apply learnings to their health centers



Today's Agenda



Check-in and Between-Session Invitation Debrief



Review the Three Ingredients for Behavior Change



Evidence-based Practices, Tools, and Strategies for Behavior Change



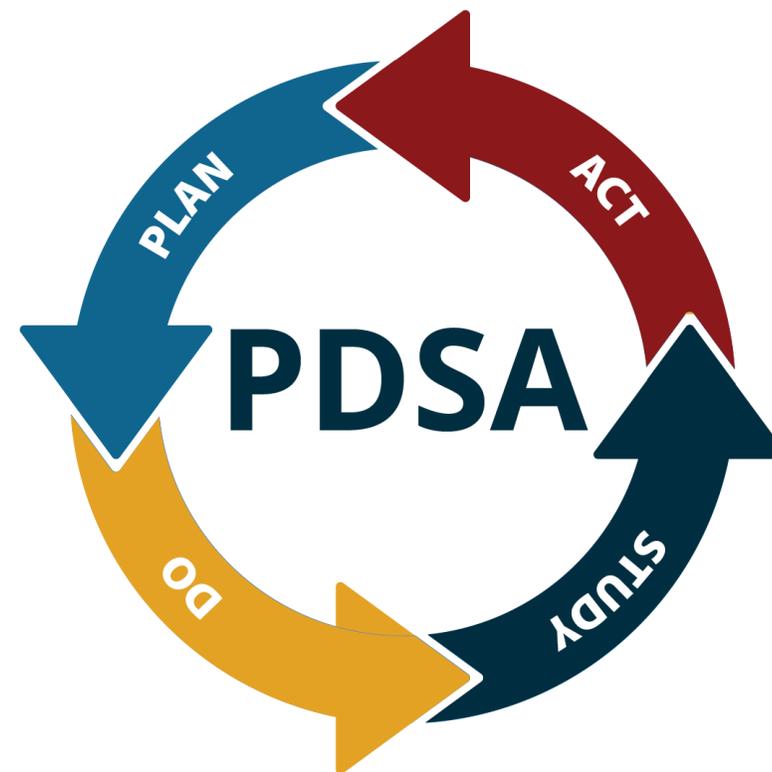
Reflection and Assessment: Interactive Discussion and PDSA Activity



Session Wrap-Up, Questions, and Between-Session Activity; Office Hours (Optional)

Behavior & Habit Discussion (1)

- How would you define a behavior?
- How would you define a habit?
- Do you think of habits as healthy, unhealthy, or both?
- What is the difference between a habit and an addiction?



Remember: Basics of Behavior Change and Why Change is Hard

- Our behaviors are like rain drops forging canyons that become our automatic, unconscious, “natural” habits.
- Behavior change is really habit change. Habits can be healthy or unhealthy.
- Canyons in, or that lead, to unsafe, unhealthy places can be thought of as addictions.
- Our habits are influenced by internal (psychological) and external (environmental) inputs; they can lead to addiction, but they can also be changed.

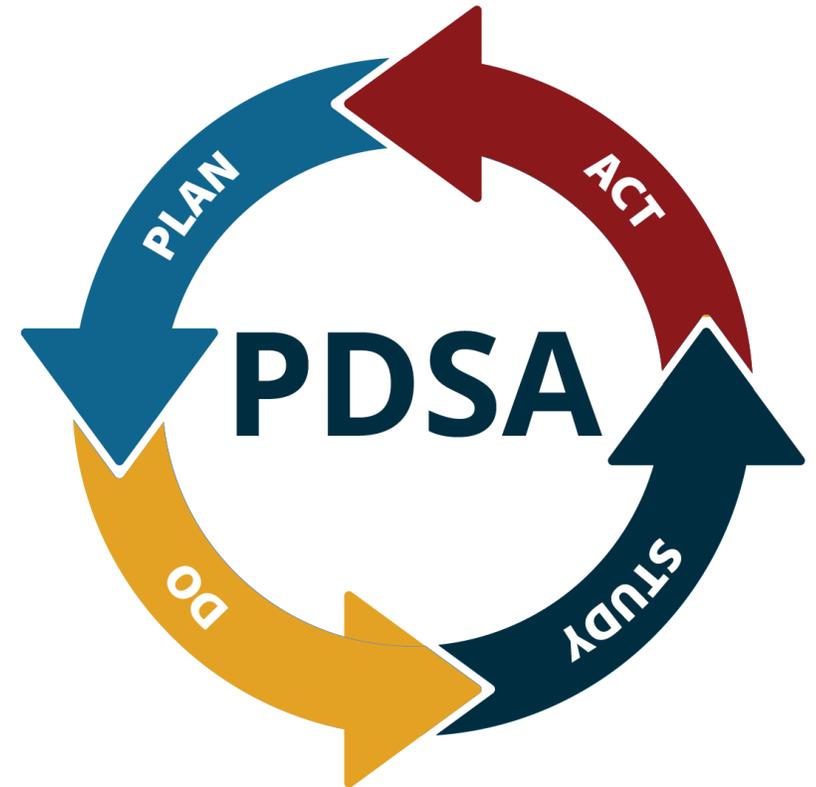


Comparing the Chronic Disease Model with the Biopsychosocial Model of Addiction

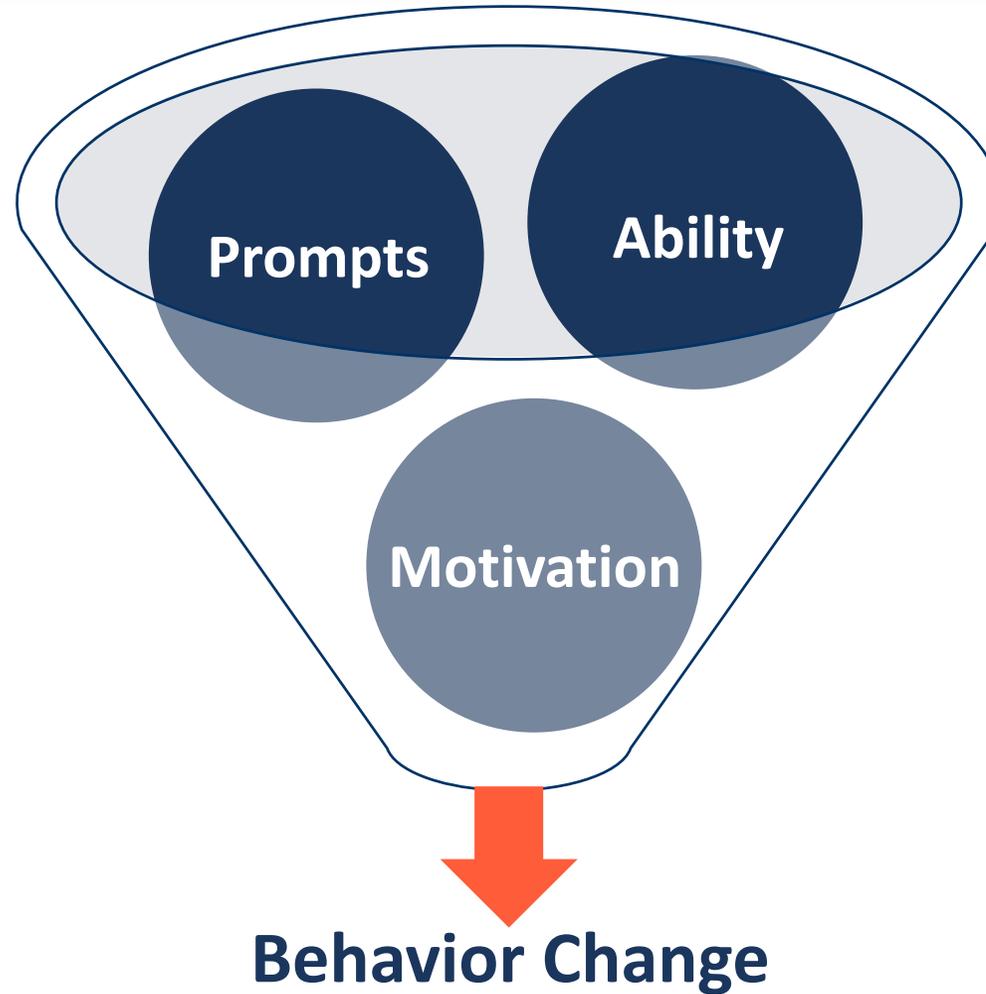
Chronic Disease	Addiction
Specific, ongoing signs and symptoms	Compulsive substance-seeking & continued use despite harmful consequences
Cause is a combination of behavioral, environmental and biological factors	Cause based on repeated use, coping and/or normed use, and genetic predisposition
Causes lasting changes in functioning	Causes long-lasting changes in the brain
If left untreated, can be disabling or life threatening	If left untreated, can be disabling or life threatening
Treatment approach – control vs. cure	Treatment approach – control vs. cure

Behavior & Habit Discussion (2)

- How are the habits that lead to chronic conditions and addiction similar?
- How challenging is behavior/habit change for someone with a chronic conditions and someone with addiction?
- What tools, strategies, approaches do you use to support patients with chronic conditions and/or behavioral health challenges?



The Three Ingredients for Behavior Change (1)



The Three Ingredients for Behavior Change (2)

Prompts

- Internal or external cues that can influence motivation and ability for behavior change
 - Internal (e.g., emotions, memories)
 - External (e.g., relationships, environment)
- Design ways to alter their environment that increase the chances they'll engage in healthy behaviors and decrease unhealthy behaviors

Ability

- The level of knowledge, skills, and/or experience we need to make a change
- Slowly building ability is the most important 'ingredient' for behavior change
- Apply the Goldilocks Rule: targets, goals, and practice activities need to be "just right"

Motivation

- How excited and/or ready we feel to make a change now
- Changes and is easily influenced
- Highly dependent on how easy the change is to make
- All health center staff can support patient motivation by being trained in Motivational Interviewing

Evidence-Based Practices that Address Ingredients for Behavior (Habit) Change

Focused Acceptance & Commitment Therapy (FACT)

- Core principles: increase awareness of thoughts and feelings; allow them without controlling or acting on them; identify and connect with core values
- Key activities: cultivate mindfulness and other practices that raise awareness
- **Informs prompts**

Behavioral Activation (BA)

- Core principles: engage in meaningful enjoyable activities; set small, realistic goals; anticipate and develop strategies to overcome obstacles
- Key activities: activity planning and scheduling; activity tracking; problem-solving; skills training
- **Builds ability**

Motivational Interviewing (MI)

- Core principles: brief, guided conversations to elicit change talk to increase readiness and motivation to change
- Key activities: MI spirit;
- MI core skills; Readiness rulers & other advanced skills
- **Builds motivation**

The Three Ingredients of Behavior Change: Case Study

- **History:** 33 years; married; 3 young children; rents a house and lives with family and in-laws; employed as school bus driver
- **Diagnoses/Signs:**
 - Depression—most recent PHQ-9 score = 18, negative response to question #9
 - Anxiety—most recent GAD-7 score = 7
 - Hypertension—most recent BP reading = 182/98
 - Diabetes—most recent A1C = 12%
 - Obesity—most recent weight = 227
- **Care to date:**
 - Despite multiple interventions, Alex has not achieved healthier indicators of wellness.
 - Alex has expressed wanting to lose weight, despite a stabilized weight for the past 2 years.
 - Alex quit smoking 8 years ago; weight increased after.

How would you work with Alex to:

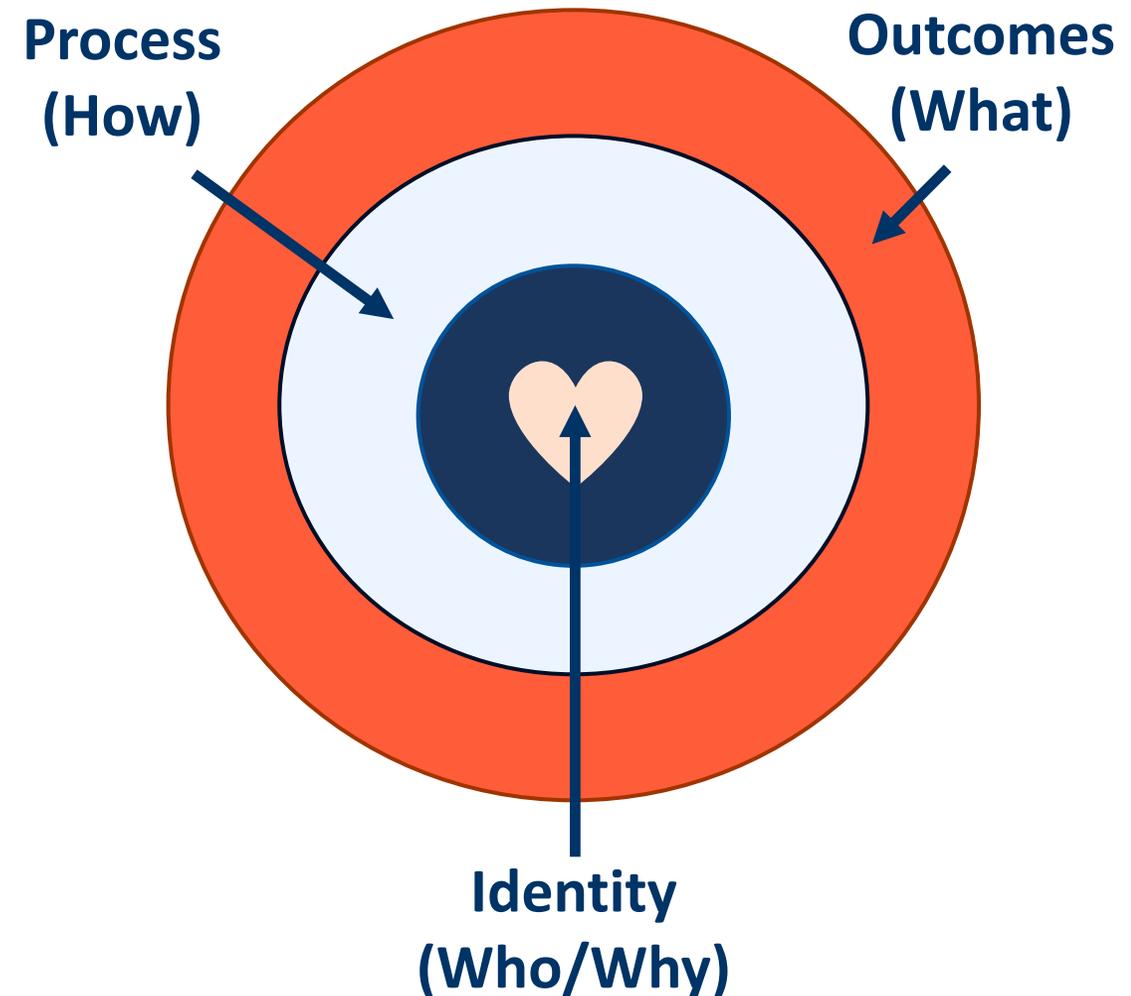
- **Adjust PROMPTS to optimize your environment to support change?**
- **Develop plan and practice opportunities to increase ABILITY?**
- **Connect to values and reasons to increase MOTIVATION and reinforce change?**

Effective Health Behavior (Habit) Change Happens at Three Levels

1. **Outcomes** – the **What?**
2. **Process** – the **How?**
3. **Identity** – the **Who/Why?**

Sustainable behavior change happens when:

- The care team understands the patient's who/why, what, and how.
- Treatment goals and plans reflect each level.



Finding your WHY to Identify your **Who**



“No, thanks, I’m trying to quit.”
vs.
“No, thanks, I’m not a smoker.”



“I’m trying to eat healthier”
vs.
“I’m a healthy eater”



“I should work out more”
vs.
“I’m a runner”

Tools & Strategies to Uncover Patients' Who/Why

Evidence-Based Practices to Uncover Patients' Who/Why:

- FACT
- MI

Who/Why (Identity) Questions:

- When you become an ancestor, how do you want to be remembered?
- How would your life be different without diabetes/hypertension?
- How would you change/who would you become if you experienced some of the long-term complications from diabetes/hypertension?
- What would you be able to do that you can't do now if you didn't experience symptoms of diabetes/hypertension?
- How would your relationships change without diabetes/hypertension?



Tip: Think about which staff could/should ask which questions.

Finding Your **What**: Identify Immediate, Easy Outcomes



I should lose weight.



I'll eat healthier.



I'll add one vegetable to every meal.

Tools & Strategies to Uncover Patients' What

Evidence-Based Practices to Uncover Patients' What:

- FACT
- MI

What (Outcome) Questions:

- What are the main challenges you've experienced in your life by having diabetes/hypertension?
- What do you fear most about having diabetes/hypertension?
- What are the most important results you hope to receive from diabetes/hypertension treatment?
- What does having diabetes/hypertension prevent you from doing that you really enjoy?



Tip: Think about which staff could/should ask which questions.

Finding Your **How**: Develop Doable Processes



“I’ll eat one vegetable a day.”



“I’ll walk 5 minutes every day.”



“I’ll drive another route to work that doesn’t pass my favorite coffee/snack/fast food spot.”

Tools & Strategies to Uncover Patients' How

Evidence-Based Practices to Uncover Patients' How:

- MI
- BA
- Brief Negotiated Interview/Brief Intervention

How (Process) Questions:

- What kinds of treatments are you most interested in to help manage your diabetes/hypertension?
- What do you want to focus on to address hypertension/diabetes?
- What small, easy steps could you accomplish in the next day, week, 2 weeks?
- On a scale from 1 – 10, how ready, confident, important is this to you?



Tip: Think about which staff could/should ask which questions.

The Three Levels of Behavior Change: Remember Alex?

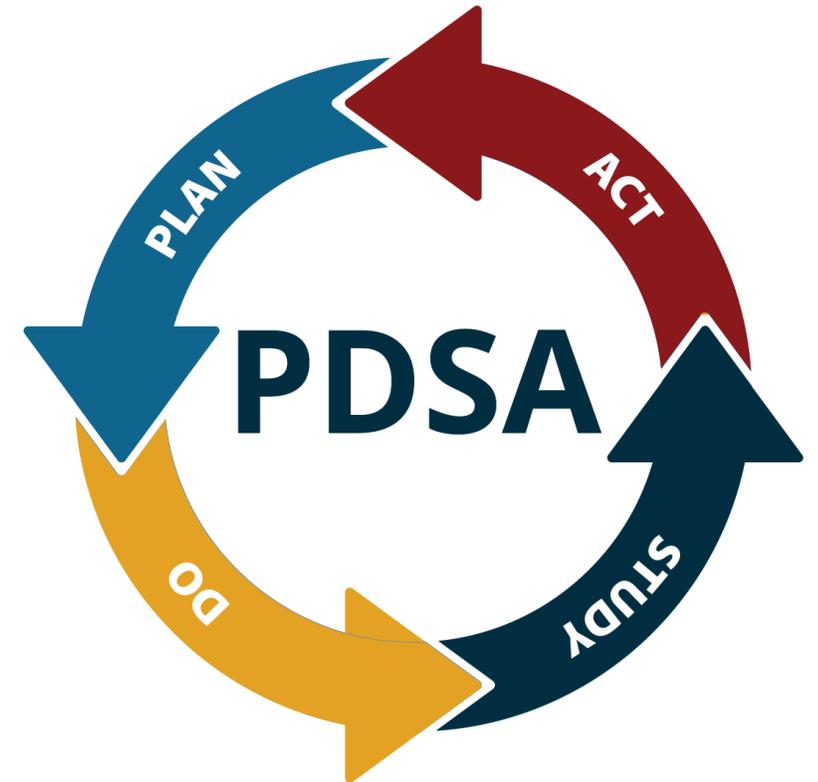
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- **Care to date:**
 - Despite multiple interventions, Alex has not achieved healthier indicators of wellness.
 - Alex has expressed wanting to lose weight, despite a stabilized weight for the past 2 years.
 - Alex quit smoking 8 years ago; weight increased after.

How would you approach working with Alex to understand:

- The **IDENTITY** level of behavior change (i.e., the Who & Why)?
- The **OUTCOME** level of behavior change (i.e., the What)?
- The **PROCESS** level of behavior change (i.e., the How)?

The Three Levels of Behavior Change Discussion

- Which patients could benefit most from working with the three levels of behavior change?
- In what ways do you currently work with these levels of behavior change?
- Is there anything you'd change about your current approach to work with these three levels?
- Share an example of a patient you currently work with who would find this approach helpful.



Q&A



Resources/References

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- National Institute on Alcohol Abuse and Alcoholism. (2025, May 9). *Conduct a Brief Intervention: Build Motivation and a Plan for Change*. <https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/conduct-brief-intervention-build-motivation-and-plan-change>

CoP Session 3 Wrap-Up

- What are your main takeaways from today's session?
- You must complete the TA Satisfaction Assessment to receive CEs for participating in today's session.
- The next session will address strategies to leverage your multiple staff roles to support behavior change in patients with chronic conditions.

Next session details:

Tuesday, December 2 at 2:00 p.m. ET



Health Center Satisfaction Assessment

We'd love your feedback on today's session!

Please take 2 minutes to complete the Health Center TA Satisfaction Assessment.

You must complete the assessment to claim continuing education credit.

Thank you for your time!



<https://www.surveymonkey.com/r/CoP5Session3>

Thank you!

We'll see you on Tuesday,
December 2,
2:00 p.m. to 3:00 p.m. ET



Office Hours