Changing lifestyle behaviors:

three approaches that work

Experts share evidence-based strategies to promote better health, well-being and quality of life among older adults

by Marilynn Larkin, MA

Behavior change is difficult for anyone at any age, and older adults are no exception. The journal *Modern Healthcare*[1] reported on a working paper[2] that documented what many people already know from experience: Knowledge alone is a poor motivator.

This paper analyzed responses from participants in the 2006, 2008 and 2010 National Institute on Aging's Health and Retirement Study.[3] It revealed that older adults who received poor results in laboratory tests of blood pressure and blood sugar were unlikely to make behavioral changes to improve their health unless test results were truly "dangerous," or the respondents had never before received a diagnosis of high blood pressure or diabetes. Even then, those who ate better or became more active after receiving the lab test results represented less than one percent of the study population.[2]

Separately, authors of an article[4] on the "healthy ageing model"—a model focused on supporting positive health-behavior changes in older adults with chronic conditions—acknowledged that there has been "intense scientific and clinical interest in health behavior change" over the past few decades. However, they observed that despite all the research, few effective, large-scale initiatives have emerged:

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i won't
i can't
i should
i will
i am...

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"As promising as these concepts and approaches are, their application has so far been limited to relatively narrow groups of clients, such as participants in cardiac rehabilitation programs, those with other chronic diseases, or those with problems with alcohol, tobacco or obesity. They have not been widely applied to general health behaviors and multiple methods have only rarely been purposefully applied in concert. In addition, the application of these methods to an aging population has only begun ...."

Among those applying behavior-change strategies with older adults are three experts with different theoretical frameworks, but a single aim: to improve the health and well-being of individuals by empowering them to embrace life- and health-enhancing behaviors. The *Journal on Active Aging®* asked those experts to explain their behavior-change models, discuss the implications for professionals working with older adults, and provide specific strategies that active-aging leaders can implement in their own settings.

Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT), related to Rational Emotive Behavior Therapy, is based on the concepts of Epictetus and other Stoic philosophers. In the first century, Epictetus postulated that human beings cannot control life, only how they respond to it.[5] The approach was codified and popularized by psychologist Albert Ellis[6] in the 1950s, according to Michael Mantell, PhD, senior fitness consultant for behavioral sciences for the American Council on Exercise and an International Council on Active Aging® Advisory Board Member.

Mantell implements a Cognitive Behavior coaching approach to help people improve their personal lives, business relationships, and athletic-fitness performance, and "break through to their next step of success." He believes people often resist change, avoid new situations and sabotage their own happiness as a result of what and how they think in response to a particular event or situation. Understanding that they are in charge of their thoughts about whatever happens to them in life paves the way for change, he says.

The 'ABC' model

Figure 1. The Cognitive Behavior coaching approach used by Michael Mantell, PhD, is based on Albert Ellis's 'ABC' model. In this model, 'A' refers to the 'activating event' (Position 1); 'B' refers to the person's beliefs (Position 2); and 'C' refers to the emotional consequences (Position 3), which then trigger a reaction (Position 4). Source: Michael Mantell, PhD

Key concepts

Mantell bases his Cognitive Behavior coaching approach on Ellis's "ABC" model, he explains. "For example, Mr. Jones is sitting at a table in the corner of the room—that's the 'activating event' (A). At the consequence (C), Mr. Jones is angry and upset. The beliefs he has about where he's sitting are his beliefs (B). He may tell himself, 'I *should* or *must* be seated at a more central table. It's not fair that I am seated here. I can't stand sitting at this table.' Perhaps Mr. Jones tells himself that the reason he's seated at the table in the corner is because 'I'm a loser and the staff doesn't like me.' Then he's likely to begin feeling sad and perhaps even depressed. And if he tells himself that 'sitting in the corner can be dangerous if I have to get out quickly,' he'll make himself feel anxious."

The most important message from this example is Mantell's mantra: *The link is what you think.* "What triggers Mr. Jones's reaction is not the table, the event, the other person, place or thing, but rather what he *thinks* about those things," he emphasizes. "Unless and until you think about events, you won't have any feelings or emotions about them."

Mantell uses the image of a box to further illustrate this concept (see Figure 1 above). He explains:

- **Position 1** is filled with all the situations, people, places and events that actually happen to you in life.
- **Position 2** is filled with your thoughts about those events. These thoughts lead directly to, and fully create, whatever is in Position 3, your feelings.
- **Position 3** is filled with some variant of anger, sadness or worry, which generally is what professionals confront when dealing with unhappy clients or residents. (Positive feelings also are the result of what you think—and part of the aim of CBT is to move from negative to positive feelings).

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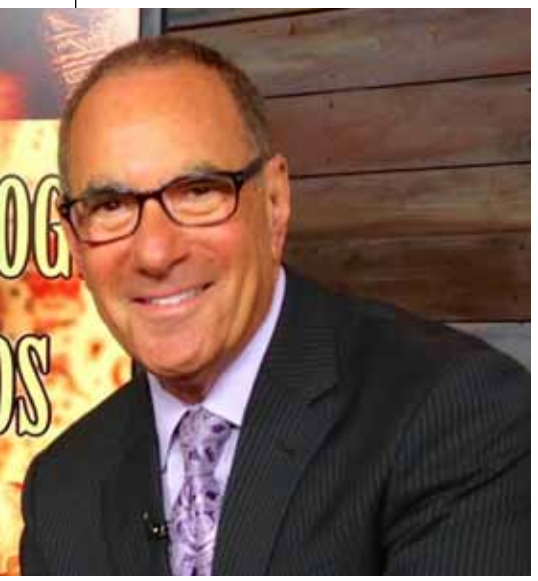

To help clients lead healthier, happier lives, Dr. Michael Mantell uses a Cognitive Behavior coaching approach to behavior change.

- **Position 4** is filled with your reactions/behaviors to the feelings you created within yourself by what you thought in Position 2 (not by the event itself, in Position 1).

"We never go from an event to an emotion without thinking about the event first," underlines Mantell.

Implications for working with older adults
Mantell notes that older adults often focus on two themes: loss and transition. Within those themes are many "erroneous beliefs"—for example, "My friends are gone and I'll never be able to make new ones"; "No one will like me in this community"; "I'm on the road to poor health now"—that can trigger depressive feelings.

Cognitive distortions also contribute to negative feelings. These include:

- **All-or-nothing thinking**—"Things and people in my life are either good or bad."
- **Fortune-telling**—"I'll walk into the dining room and no one will talk to me."
- **Discounting the positive**—"So what if something good happens? Everything else is bad."
- **Emotional thinking**—"I know this day won't end well; I just feel it in my bones."

Specific strategies
How can professionals help older adults transform negative thoughts and beliefs into positive ones? Mantell gives an example, using the THINK ("true," "helpful," "inspiring," "necessary," "kind") approach. "Suppose it's time for a dance class, and Mrs. Goldfarb refuses to participate," he says. "Instead of leaving the room and letting her languish there, consider having a conversation like this:

> **Mrs. Goldfarb:** No, I'm not coming. I can't do it. It's beyond me.
> **You:** Mrs. Goldfarb, what are you thinking that makes you believe you can't do it?
> **Mrs. Goldfarb:** I just know it's too hard.
> **You:** What evidence do you have that you can't do it? Are you sure that's *true?*
> **Mrs. Goldfarb:** I just know it's hard.
> **You:** Do you believe that 'hard' is the same as 'impossible'? Hmmm. I wonder if you think it's very *helpful* to think this way?
> **Mrs. Goldfarb:** I guess not.
> **You:** You're not *inspiring* yourself to get out of your room and join in with the others, are you?
> **Mrs. Goldfarb:** I guess not.
> **You:** How important is it to you to go out with the others and enjoy yourself? If it's very important, then perhaps telling yourself it's too hard when you aren't really certain it is, is not being *kind* to yourself? What do you think?
> **Mrs. Goldfarb:** I guess I'm not being kind to myself.
> **You:** What do you think it's going to take for you to test your thought and come to the dance class? I wonder what the positive results would be in giving it a try and seeing what happens?
> **Mrs. Goldfarb:** Well, maybe I could try it ...."

As a result of this interaction, "the person is now thinking totally differently, which is what we're aiming for," Mantell observes. "An alternative approach would be to ask Mrs. Goldfarb, 'What would you tell a friend who told you what you're telling me? Would you tell her to go lie in bed and not come dance with us?' This can get the process going, and then you move through the THINK model—is it True, Helpful, Inspiring, Necessary or Kind?"

A related strategy, Mantell adds, is to ask the person directly about possible cognitive distortions, offering an example of each one. "Are you thinking it's all good or all bad? That's called 'all or nothing' thinking. Are you thinking you know what the others are thinking about you? That's called 'mindreading'; it's an example of a pattern of thinking that leads people to feel bad."

Underpinning such conversations is the professional's understanding that no emotion comes from an external event, Mantell stresses. "Rather than being annoyed that, for example, Mrs. Smith is behaving in a certain way, you need to think, 'I wonder what Mrs. Smith is thinking to make her feel this way,'" he explains. "Is she telling herself she shouldn't do something? Is she thinking that her next-door neighbor has to treat her differently? Or that she doesn't belong in this community in the first place? Unearthing the thinking behind

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Dr. Roger Landry discusses tips for authentic health at a book signing held during the recent grand opening of Sun Health's Center for Health & Wellbeing in Surprise, Arizona. Photo: Sun Health / Brad Reed. Image courtesy of Masterpiece Living

the behavior provides the opportunity to create change."

The goal is to help clients and residents to start using these strategies themselves, to gradually turn their own thinking—and thereby, feelings and behaviors—around, Mantell advises.

"In the end, challenging illness-related and mood-disturbing thoughts; providing a healthy social-support network; increasing feelings of positivity, joy and a sense of accomplishment; and preventing lapse or relapse are among the finest health- and happiness-choosing methods yet developed and tested—and they are all free of side effects," Mantell concludes.

Transtheoretical (Stages of Change) Model

The "stages of change" model provides "a simple framework to help us understand how people change their behavior," says Carol Ewing Garber, PhD, FACSM, FAHA, professor of movement sciences and director, Graduate Program in Applied Physiology, at Columbia University's Teachers College in New York City. Garber was chair and lead author of the American College of Sports Medicine's latest recommendations for the optimum amount and type of exercise necessary for adults to maintain good health. She also coauthored articles on the impact of the transtheoretical model in changing exercise intentions and behavior in older adults.[9]

"What I really like about the model is that it helps providers recognize that progress is occurring, even if someone doesn't go from being a couch potato to a regular exerciser in a few short visits," Garber states. "We're better able to see progress, and to know what we can do at each step to help an individual adopt a healthier lifestyle."

Key concepts

The model encompasses five stages and processes of change:

1. **Precontemplation**—the person is not ready to change and does not intend to take action within the next six months.
2. **Contemplation**—the person is thinking about change and intends to start a healthy behavior within the next six months.
3. **Preparation**—the person is ready for change and to take action within the next 30 days.
4. **Action**—the person recently made a behavior change and intends to keep moving forward with that change.
5. **Maintenance**—the person has sustained the behavior change for six months or more and intends to maintain it going forward.

"It's important to recognize that the stages are circular, not linear," Garber explains. "This means people can go forward, but they may also regress at times. The model gives us ways to help people take stock if they experience a setback, and ways of revising how we talk with them to help them move forward again."

Implications for working with older adults

Garber's work with older adults mainly focused on helping people with chronic diseases such as diabetes or heart disease incorporate regular physical activity into their lives. According to Garber, most individuals were in the precontemplation stage. "They had no real interest in exercising, but they were asked to do so by their physicians," she says. "From the outset, they understood that I was not setting them up for failure by saying they had to exercise at least 30 minutes a day, five days a week. Had I done so, they would have stopped listening. My goal was to explore with them their thinking about physical activity and try to shift that thinking very slowly."

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Garber also tapped into what her clientele valued. "A lot of the people I worked with had heart disease, but simply telling them it might help if they were more active didn't do much," she acknowledges. "What made a difference was finding out during those exploratory conversations what really mattered to them, and tying physical activity to that—for example, being able to do more with their grandkids, or going to the grocery store without feeling they had to go home and sleep afterward."

Keeping the framework of stages in mind makes it easier for professionals to be patient, Garber notes. "We want our clients to start being active or engaging in other healthful behaviors right away, but the reality is, it can take a long time. The framework lets you put things in perspective."

Specific strategies

In each stage, professionals have many opportunities to help clients and residents move forward and meet their goals, Garber says. "In the *precontemplation* stage, people aren't even thinking about physical activity, so we want to raise awareness by giving them some information on why it could be important for them." Strategies could include the following:

- **Explore why individuals may have negative ideas about exercise.** "If they think they're too old to do it, give examples of others who are older than they are and who exercise, or other examples that could address their concerns."
- **Address misconceptions about being physically active.** "Explain that they don't have to do aerobics or anything else they might see on exercise shows on television, for example.
- **Talk about how their becoming more active could affect others**—for example, they may be better able to take care of an ill spouse or do more things with grandchildren.

In the *contemplation* stage, people are thinking about exercise, weighing the pros and cons of changing their behavior, and exploring what it might mean for them, Garber continues. "They might also start talking to others about it or paying attention to potential role models." Professionals can begin to put forth ideas such as trying to walk five or 10 minutes a day—"something that's accessible," she adds, "versus saying they need 30 minutes, five days a week to get any benefits."

In the *preparation* stage, "people are moving towards being active," comments Garber. "They may buy a new pair of sneakers, start reading a fitness magazine or explore information about exercise on the Internet." Professionals can encourage this exploration without pushing people into actual activity.

In the *action* stage, people have actually started to engage in physical activity. "Now they really need social support to help them keep going," Garber emphasizes. "At this point, people also are thinking, 'What happens if it rains? Or if I get sick? How can I keep going?' This is called contingency management," she explains. "Professionals can assist people in identifying roadblocks and how they will get around them."

In the *maintenance* phase, people are engaging in regular physical activity and generally have maintained that commitment for at least six months. Nevertheless, the risk of dropping out remains, Garber cautions. "We need to continue to pay attention to social supports as well as self-reinforcement—setting attainable goals and rewarding oneself when they're achieved." For some, keeping track of how far they've walked is motivation enough. Others might need to set up actual awards for themselves. "Still others will recognize that you helped them become more aware of their body, so they might say, 'Hmmm, I notice my pants fit better. I also have more energy.' Once people see those benefits and internalize them, it's much easier for them to stay active because they'll miss those things if they stop."

Physiological Model (Authentic Health)

Roger Landry, MD, MPH, president of Masterpiece Living, multidiscipline specialists in aging who partner with communities to help them become destinations for continued growth, uses a physiological model of healthy behavior change to achieve "authentic health." Landry, a preventive medicine physician, wrote the book *Live Long, Die Short: A Guide for Authentic Health and Successful Aging,* which explains the model in detail. From a practical standpoint, the authentic health model enables individuals to identify why they want to make healthy behavior changes and to make small, incremental changes in that direction.

Key concepts

In his book, Landry documents that for the vast majority of time that humans have been on Earth, the primary lifestyle has been that of a hunter-gatherer. In that context, "change, particularly big change, was usually life-threatening—for example, involved fleeing

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Mark your calendar

Behavioral sciences expert Michael Mantell, PhD, delves into the latest cognitive behavioral methods and tools at the International Council on Active Aging Conference 2014 in Orlando, Florida. Mantell's presentation, "Putting the 'long' in longevity: mind and muscle in maturity," takes place Thursday, November 13, from 7:00 to 8:15 a.m. See ICAA's conference brochure in this issue for more information, or visit www.icaa.cc.

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predators—and so it generated a fear response," he says. That visceral response to a major change is deeply embedded in our physiology, according to Landry, so even today people respond similarly to what they perceive as a big lifestyle change.

"Today, brain scans can show us how people respond when challenged to make a big behavior change," Landry observes. "The amygdala—the emotional center of the brain—is activated, showing evidence of fear. Our hormones and neurotransmitters also are activated. This creates a classic 'fight-or-flight' stress response, which shuts down rational thought and other cognitive functions necessary to successfully handle a major change."

In contrast, if a change is perceived as small—for example, trying to walk a block rather than a mile—the amygdala is not triggered. "Small change is not as threatening to us, and therefore doable," Landry explains. "It doesn't generate a stress response, and so we can look at the big picture and assess what we have to do to get where we want. We can go slowly, and develop confidence in the fact that we are capable of changing." He adds that the Japanese refer to this small step approach as Kaizen.

Landry calls his overall approach to successful aging "authentic health" because, he says, "it's more consistent with who we are as a species, and how we've lived for most of the time we've been on Earth. After we were hunter-gatherers, we were agrarians [farmers]—and the characteristics of both societies were radically different from how we are today. There were lots of social connections; people lived with a higher purpose; everyone had a role, particularly older adults, who were considered cultural treasures. Also, people were naturally physically active as part of their lifestyles." Landry believes the authentic health approach "involves a rediscovery of what was lost or forgotten since the industrial revolution, when we moved away from the lifestyles we had lived before."

Implications for working with older adults

Active-aging professionals need to keep in mind that although small changes tend not to be valued in Western society, "small changes are the ones we do well—and the ones that stick," Landry says. In addition, it's important to find ways to reintegrate fitness, in particular, back into people's lifestyles, instead of making it a separate, scheduled activity that requires time to go to a gym or fitness center.

"Physical activity was an integral part of the hunter-gatherer lifestyle," Landry mentions. "Even when members of the 'Greatest Generation' were children, they walked and biked everywhere. Movement was a lifestyle rather than a scheduled event."

Specific strategies

To help older adults make sustainable changes, professionals should guide them to take small steps toward a larger goal, Landry stresses. "It doesn't matter whether it's losing weight, starting a fitness program or learning a language," he adds. "It's not only the goal; it's the timetable. If the timetable is too aggressive, people will fail to meet the goals and eventually give up."

Landry recalls working with a man who had all the risk factors for a heart attack and wasn't taking any steps to reduce his risk. He advised the man simply to stand during television commercials. Two weeks later, the man came in, "all puffed up, and said, 'I can do this,'" Landry recounts. He then asked the man to walk in place during every other commercial. "Again, he came in all puffed up with confidence and a feeling of competence. He was ready to take the next step," Landry states, "and for that I usually recommend a pedometer—it allows people to see for themselves how to get a few more steps in, rather than our telling them what to do."

Another important strategy is to find the "hook" that at one point ignited an individual's engagement in life and "try to tap into it again," Landry reveals. He advises taking the time to delve into people's life stories to tease out potential motivators. For example, he recalls one woman whose "life was a mess; she was

Resources

Internet

Carol Ewing Garber
www.tc.columbia.edu/academics/?facid=ceg2140

Live Long, Die Short
www.livelongdieshort.com

Masterpiece Living
www.mymasterpieceliving.com

Michael R. Mantell, Inc.
http://drmichaelmantell.com

Multimedia

International Council on Active Aging webinar: "Lifestyle change: another view" (2014)
Presenter: Dr. Roger Landry
* Available to ICAA 100 and Organizational members at www.icaa.cc/category.asp?categoryID=93&type=5

Print

Landry, R. (2014). *Live Long, Die Short: A Guide to Authentic Health and Successful Aging.* Austin, TX: Greenleaf Book Group. Available at www.amazon.com/Live-Long-Die-Short-Successful/dp/1626340390 and www.livelongdieshort.com

at risk physically, spiritually, socially, intellectually—all the wellness dimensions," he says. She was able to "ignite herself" to the point of starting water aerobics, and soon was ready to challenge herself in other areas. "Her coach asked her what she really loved to do as a child, and she answered, 'Play the flute.' Although it had been 40 years since she last played, this woman took up the flute again and eventually started a small ensemble that played in the local community."

Landry also points to his mother, who became reclusive after his father died. "After a while, she moved into one of our communities and began to do well, but continued to feel lonely," he recalls. "I gave her one of my standard pieces of advice: 'Scare yourself. Do one small thing every day that scares you.'" Landry's mother decided to have a meal with a different person every week. "She was terrified; she had sweaty palms," he says—"but within a year, she was head of the community's welcoming committee."

The process of change

Successful behavior change is key to living well for many older adults. While models and applications differ, common themes emerge from all three approaches described in this article. Active-aging professionals can best support change by:

- Helping clients and residents gain insights into thoughts and feelings that may impede behavior change;
- Working with individuals to set small, achievable goals within a larger context; and
- Being patient, recognizing that sustainable change is a process that takes time, effort and commitment.

With perseverance, those who embrace this process enjoy its benefits in the form of better health, well-being and quality of life.

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