

## ***The Beauty of the 1:1 Relationship: An Interpersonal Approach to Behavior Change***

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### **Objectives**

This breakout session will empower and equip new and seasoned detailers to:

- Build stronger relationships with providers; and
- Leverage those relationships to result in meaningful behavioral changes

### **Structure of an Academic Detailing (AD) Visit**



### **Understanding persuasion, influence and manipulation**

- **Persuasion:** The act of causing people to do or believe something, usually with positive outcomes

- **Influence:** The ability to affect the behavior of people because of your (real or perceived) authority, knowledge or relationship with that person
- **Manipulation:** The act of controlling or playing upon someone by artful, unfair, or insidious means, especially to one's own advantage. It is often done without the other person's knowledge.

Persuasion and influence have a role in delivery and adoption of key messages on one condition: The intention must always be by optimizing patient care. As detailers, we do not serve our own interests, desires, or opinions. We are in service to the evidence.

### Necessity of Trust

Trust produces:

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|-------------------|---------------|-----------------|
| • Happiness       | • Enjoyment   | • Engagement    |
| • Satisfaction    | • Success     | • Receptivity   |
| • Interdependence | • Negotiation | • Loyalty       |
| • Commitment      | • Security    | • <u>Change</u> |

Trust is the bedrock of any relationship, including the detailer-provider relationship. Building or undermining a provider's trust in you as a detailer begins in the first moments of detailing, the introduction.

### Building Trust – Two Routes

- **Cognitive route:** based on rational & deliberate thoughts and considerations, belief in another person's ability, dependability, competence
  - Transforms personal conflict into task conflict
  - Uses common goals, shared vision
  - Basis of making network connections
- **Affective route:** based on intuition and emotion
  - Warm feelings
  - Important primarily in the beginning of a relationship
  - May be difficult to establish remotely

### Relationship stages

- **First encounter**
  - Capitalize on network connections: vertical and horizontal relationships
  - Find similarities: small talk
  - Identify shared goals: clinical and community
  - Build initial trust: identify source of funding
- **Strengthening the relationship**
  - Similarity: people who are similar to each another like one another (physical aspects, title, experience, interests, etc.)
  - Exposure: the more we are exposed to something, the more we like it (pleasant persistence)
  - Physical presence: functional distance

- Mimicry and mirroring: puts people at ease, give special focus to change talk
- Reciprocity: feeling obligated to respond when we have been offered or given something (patient materials, provider tools, etc.)
- Small talk: shows continued interest
- Flattery: needs to be authentic; people like folks who appreciate and admire them
- Self-affirmation: focuses on the importance of a person's value, acknowledges autonomy

- **Repairing the relationship**

- Causes of relationship damage
  - Distrust: having negative expectations about another person's motives
  - Suspicion: feeling ambiguity about another person's motives
  - Breach or defection: one or both violate the trust that has been built
  - Miscommunication: unintentionally providing inaccurate information
  - Dispositional attributions: calls into question another person's character and intentions by citing them as the cause of a behavior or incident
- Steps to repairing broken trust:
  - Step 1: Arrange a personal meeting
  - Step 2: Put the focus on the relationship
  - Step 3: Apologize
  - Step 4: Let them vent
  - Step 5: Do not get defensive
  - Step 6: Ask for clarifying information
  - Step 7: Test your understanding
  - Step 8: Formulate a plan
  - Step 9: Think about ways to prevent a future problem
  - Step 10: Do a relationship check-up

- **Influencing behavior**

- Cialdini's six principles of influence:
  - Reciprocity
    - One of the most basic principles of influence
    - Give that which you want to receive: small gifts, respect, favors, kindness, etc.
    - Very powerful force
    - Often results in unanticipated rewards
  - Consistency & commitment
    - Based on the power of active, public, and voluntary commitments
    - Sticking to your word
    - Active commitments: written or spoken to someone
    - Public commitments: adds additional layer of accountability
    - Voluntary: necessary component for autonomy
  - Social proof
    - Reliance on social cues from others
    - Guides ways to think, feel, and act in situations
    - Particularly relevant to peer groups
    - Having an initial person take action unlocks the power of social proof

- Authority
  - People are more easily persuaded by individuals perceived to be legitimate authorities
  - When you are perceived as an expert in an area, others are more likely to defer to you
  - Experts offer shortcuts to good decisions that would otherwise take a long time to formulate
  - Do not assume others will identify your expertise automatically
    - Establish your authority: degree, credentials, awards, years in the field, background
    - Importance of introduction
- Liking
  - People prefer to say 'yes' to those they like or who they perceive as friends
  - Facilitated by:
    - Finding common ground (shared hobbies or interests)
    - Giving genuine praise
- Scarcity
  - People value scarce information and commodities more than things that are in abundance
  - Examples: limited time, limited supply, availability to only detailed providers
  - Focus on loss language: demonstrates what provider will lose, rather than gain
    - Lends strength to message
  - Exclusivity approach: providing access to information, services, or other items to a limited set of people creates a sense of exclusiveness
    - Perceived as a favour
    - Associated with being valued as a person by those receiving
    - Exclusive information: your critical appraisal and evaluation of the evidence

Relationship building and repairing (when necessary) are necessary for any successful negotiation. When we negotiate, we are exchanging data and information and agreeing upon actions. Providers must be able to believe in the accuracy of your information in order to consider implementing any suggested actions.

### **Leveraging your relationship to change behaviors**

- Negotiating change
  - Always ask rather than tell
  - Help them find their own motivation to change
    - If you did < x > how do you think your practice/patients/efficiency would improve?
  - Ask for that commitment, or behavior change, based on your key messages

- This means the rationale for the change has already been provided
- Remember that change is hard and people resist change:
  - Propose incremental changes where appropriate (serious or immediate harm requires immediate action)
- Offer support to enable change (tools, tips, resources, people, etc.)
- Follow-up

### **Nurturing the detailer-provider relationship**

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|---|---|
| <ul style="list-style-type: none"> <li>• Avoid asking ‘knowledge testing’ questions</li> <li>• Be honest &amp; truthful</li> <li>• Share your intentions</li> <li>• Identify your funding</li> <li>• Share your intentions (also funding source, AD goals for session)</li> <li>• Be authentic (be yourself)</li> <li>• Be empathetic</li> <li>• Employ active listening</li> </ul> | <ul style="list-style-type: none"> <li>• Follow through on commitments</li> <li>• Personalized the evidence for each provider</li> <li>• Be supportive rather than directive</li> <li>• Monitor and modify your non-verbal communication</li> <li>• Be respectful of their time</li> <li>• Pay careful attention to word choices (e.g. support vs. educating providers)</li> <li>• Be open to new perspectives</li> </ul> |
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### **Summary**

- Change in practice is achieved through voluntary action by providers, not via coercion or policy enforcement
- Detailing is done with a provider, not to a provider
- Remember, your goal is not to come in, tell the provider what to do, then move on to the next provider
  - Instead, goals are:
    - Engage the provider in a discussion
    - Tailor the interaction to meet their specific needs
    - Partner with them to improve their care

**We are using a soft way of asking people to take a hard look at themselves.**

### **Resources**

[What is the Difference Between Persuasion and Manipulation?](#)  
[The Difference Between Influencing And Manipulating](#)  
[Academic Detailing to Improve Opioid Safety: Implementation Lessons from a Qualitative Evaluation](#)  
[U.S. Department of Veterans Affairs VA Academic Detailing Implementation Guide](#)  
[University of California at Berkeley Motivational Interviewing: Helping People Change](#)  
[Code of Conduct: Canadian Academic Detailing Collaboration](#)