

Information Alone Does Not Change Behavior

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It was wonderful to visit with so many of you and attend your presentations. As your careers mature, you are truly in the information business. Your research articles, chapters, and presentations increasingly join the international “conversation” about people with complex communication needs.

However, as I reflect on the conference in light of my involvement with persons who use AAC to communicate on a daily basis, I am reminded of the saying, “Information alone does not change behavior” (Beukelman, 1990). This comment was first made to me by my mentor when I was a young clinician at the University of Washington Medical Center. Bill Fordyce was a rehabilitation psychologist whose office was adjacent to mine.

We had just completed a family conference, a very difficult family conference, regarding a young man with traumatic brain injury. The evaluation results documented the cognitive limitations that this young man experienced, yet his family expected him to function as he had before his accident. When he failed, they insisted that his was just being belligerent. As we left the conference, my mentor placed his hand on my shoulder and commented, “David, always remember that information alone does not change behavior.”

Through my professional career, I have thought repeatedly about Bill’s ability to grasp the attention of those participating in rehabilitation interventions,

his colleagues, the public, or policymakers. He understood that sometimes the power of a personal experience is more effective in behavior change than data alone. Now, don't misunderstand, emotional or affective motivation without a solid information base is dangerous, as it can result in a rush to action without an evidence base. Yet, information alone without affective motivation often results in inaction.

A relatively new field of inquiry is emerging that investigates social cognitive factors related to the use of information for self-regulation and decision – making. One needs only to study decision-making in areas of smoking, excessive tanning, nutrition, and exercise to realize that information alone often doesn't change behavior.

On nearly a daily basis I observe individuals who rely on AAC and their families, engage in decision-making involving affective and informational components. Below, I list a number of situations that reflect the relative impact of affective and informational factors:

Parent: “Even though my child’s speech does not meet his daily communication needs, I will not permit him to use AAC, because I am concerned that he will never learn to talk.”

Adult child of a man with severe, chronic aphasia: “That device (AAC technology) is okay for someone else’s father; but not for my dad.”

Rehabilitation team leader: “We don’t do outpatient AAC because we cannot make enough money providing that service compared to what we can

make for other services. We suggest that our patients find someone else to meet their AAC needs”

Department Chair: “We do not require an AAC course in our curriculum. To do so, would require us to reduce the academic credit associated with courses that our faculty members have historically taught. Oh, I realize that a large percentage of speech-language pathologists has children or adults on their caseload who require AAC; however, our faculty do not want to reduce the emphasis on the content in which they specialize.”

Unfortunately, in 2006 we have few, if any, researchers in AAC who focus on decision-making. Hopefully, that will change. In the meantime, we need to realize the impact of affective, as well as informational factors, on personal, policy, corporate, educational, and intervention decision-making. While it is important to expand the evidence-base of field, it is also essential that personal impact of AAC strategies on individuals and their quality of life also be communicated to those who rely on AAC, their families, clinicians, academic leaders, and those who make and implement public policy. Please do not misinterpret my thoughts. Of course, the continued expansion of the AAC knowledge base is essential; however, lasting behavior change usually requires more than information alone.

Related References

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