

Strategy 101: The Know | Feel | Do Method

It's one thing to recognize a problem; it's another thing to figure out how best to define and tackle it to create meaningful change. To help my clients do this, I often use a simple but very effective approach that I call "Know | Feel | Do."

Here's an example. In one of my projects, the focus was on reducing the number of depressed teens who slip through the cracks. After some research, it became clear that pediatricians could play a crucial role. Then, the brainstorming began: To enlist pediatricians (and pediatric residents) in this effort, what would they need to know, feel and do? A partial list:



Know (E.g., facts, terminology, skills...)

- Depression is common among teens. If untreated, depression may lead to problems ranging from school failure to alcohol abuse to suicide.
- Research supports the effectiveness of treatments such as cognitive-behavioral psychotherapy and antidepressant medications
- Pediatricians can use methods such as SIGECAPS (changes in Sleep, Interest, Guilt, Energy, Concentration, Appetite, Psychomotor, Suicidal ideation) to screen for depression.

Feel (E.g., perceived credibility and relevance of the new knowledge, my appropriate role, perceived peer approval for taking action, self-efficacy...)

- There are teens in my practice who suffer from depression, or who will become depressed
- There are treatments that are likely to help, and likely to be acceptable to my patients
- I can find time to do a quick depression screening if indicated
- It's okay for me to treat mild cases of depression; I know when to refer to a psychiatrist or psychologist.

Do (E.g., intentions to change behavior, incremental changes, talking to others about new behavior, establishing habits/routines....)

- I will be more alert to signs suggestive of depression
- I will add depression screening to my routine checkups for adolescent patients.

As you can see from this example, the "know | feel | do" approach is like an iceberg: simple and compact on the surface, but with lots more going on underneath.

Many people assume that this is a linear model:

facts \Rightarrow feelings \Rightarrow behavior change.

But common sense suggests—and research confirms—that it's not nearly so simple. First, knowledge is not enough; we all do things we know aren't healthy. Second, the process of change can flow in complex, unexpected directions. Your uncle may find seatbelts annoying, but starts clicking to avoid a ticket—and gradually becomes a seatbelt booster.