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Brief Interventions to Change Behaviour.

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Brief interventions involve giving opportunistic advice, discussion, negotiation or encouragement in supporting adults to make healthy lifestyle changes. Used in many areas of health promotion by primary and community care professionals, they usually take 3–30min depending on the time and expertise of the professional. The shortest interventions are often called ‘brief advice’ and use the ‘three As’:

- Ask – raise the issue
- Advise – increase awareness of risk and benefits related to behaviour
- Assist – help the patient to identify a negotiated SMART (specific, measurable, achievable, realistic, timed) goal related to behaviour change and signpost if appropriate.

The effect on health and wellbeing of brief interventions relating to behaviour or lifestyle habits is well known. National Institute for Health and Clinical Excellence (NICE) guidelines recommend that primary care workers use brief interventions in several disease and health areas.

SMOKING CESSATION

Brief interventions for smoking cessation work have been supported by NICE guidance since 2006.¹ In 2008 NICE issued further guidance on smoking cessation services,² incorporating education, training and public campaigns, and training for all frontline healthcare staff to offer specific brief advice.

The nature of the intervention, which typically takes 5–10min, depends on a number of factors, including the individual’s willingness to quit, how acceptable they find the intervention on offer and any previous quit attempts and methods used. It may include one or more of the following:

- simple, opportunistic advice to stop
- an assessment of the patient’s commitment to quit
- an offer of pharmacotherapy and/or behavioural support
- providing self-help material and referral to more intensive support, such as NHS Stop Smoking services.

PHYSICAL ACTIVITY

Government support for healthy lifestyle brief interventions is most recently shown by the launch of the Let’s Get Moving initiative in September 2009, which is a physical activity care pathway.³ Let’s Get Moving is supported with a range of resources, including a patient booklet, *Let’s Get Moving. Your Complete Guide to Becoming More Active*,⁴ which helps individuals to consider their physical activity levels, a general practice physical activity questionnaire⁵ and a motivational interviewing training package.³

The care pathway is based on NICE public health guidance,⁶ which endorses brief interventions for physical activity in primary care as both clinically and cost effective in the long term. NICE-recommended interventions vary from basic advice to more extended, individually focused attempts to identify and change factors that influence activity levels. Recommendation 1 states that primary care practitioners should take the opportunity, whenever possible, to identify inactive adults and advise them to aim for 30min of moderate activity on 5 days of the week (or more). Further NICE guidance⁷ was issued in May 2008 to promote physical activity in the workplace.

ALCOHOL

Health-related behaviour can be a major cause of ill health and premature death. According to Alcohol Concern,⁸ a brief intervention for an excessive drinker can range from 5–10min of information and advice to two to three sessions of motivational interviewing or counselling. Research has shown brief interventions to be successful with alcohol misusers, and they can lead to a 24% reduction in alcohol consumption.

OBESITY

Department of Health strategies recognise the links between a healthy lifestyle and wellbeing, stating that ‘sustainable change will only come from the individuals seeing the link between a healthy weight and a healthy life and so wanting to make changes to the way that they and their families live’.⁹

VASCULAR HEALTH

Vascular health checks are now being done in some primary care trusts, and are part of the NHS Health Check scheme.¹⁰ This firmly places healthy lifestyle brief interventions in the management programme and recognises ‘the clinical effectiveness at reducing risk factors and as being highly cost effective when targeted at the right individuals’

MAKING THE MOST OF A HEALTH-RELATED BRIEF INTERVENTION

NICE 2007 guidance on behaviour change¹¹ recommends that health professionals should select interventions that motivate and support people to:

- understand the short-, medium- and longer term consequences of their health-related behaviours
- feel positive about the benefits of health-enhancing behaviours and changing their behaviour
- plan their changes in easy steps over time
- recognise that their social contexts and relationships may affect their behaviour, and identify and plan for situations that might undermine the changes they are trying to make
- plan explicit ‘if/then’ coping strategies to prevent relapse
- make a personal commitment to adopt health-enhancing behaviours by setting (and recording) goals to undertake clearly defined behaviours, in particular contexts, over a specified time
- share their behaviour goals with others.

By setting personal goals to change behaviours and using learning strategies to achieve these, people can develop a greater sense of control and improve both their health and well being’.¹² Attitudes, knowledge and skills form the main focus for a brief intervention. Discussion should aim to increase the patient’s commitment and confidence.

Effective techniques to help people decide whether they would like to change, what they would like to change and how to do it have been researched in great detail. There is good evidence for a range of psychological approaches to changing habits and behaviour, for example:

- learning to spot things that trigger or reinforce the unwanted behaviour
- setting goals and planning how to achieve them
- building confidence to make important and wanted changes
- self-monitoring
- creating SMART action plans
- building social support through signposting
- rewarding success.

The *Improving Health: Changing Behaviour - NHS Health Trainer Handbook* gives a concise guide to the process of supporting an individual to change behaviour and expands on the theoretical interpretation.¹³

BRIEF INTERVENTIONS TRAINING

The Health Promotion Service in Cornwall has been offering brief interventions training to a variety of health-related agencies since 2008. It was initiated after recognition, by leads from public health, primary care, employment, probation and housing, that there is value in offering consistent key health messages opportunistically in various settings. Eleven types of agency have taken part, which has encouraged local interagency networking.

The original aim was to reduce health inequalities by ensuring that those in need have access to key health messages, and the opportunity for a meaningful interaction to move towards changing lifestyle habits. For those working on a one-to-one basis with adults, whatever their setting and main role, the training offers the opportunity to learn and practise how to support individuals to make lifestyle behaviour changes in five areas:

- healthy eating
- smoking
- alcohol
- weight management
- physical activity.

Most of the training sessions are interactive, encouraging participants to practise their skills.

There has been an unexpected demand for the training (31 sessions since April 2008), and 88% of participants have said that the session was useful. Follow-up support, information and materials are available from a dedicated brief interventions website (see Resources). During the 7-month pilot period, the website registered 1,031 hits.

Training tools

Five patient leaflets are used to support brief interventions in the five areas (see Resources). Three are from independent organisations, and two (healthy eating and alcohol) were produced specifically for the training package. All contain information on the key health messages, risks/benefits of change, tips for changing, an assessment to identify current health status, signposting information and a goal-setting area. A brief interventions chart (Table 1) is also used in the training to indicate appropriate professional responses, depending on the patient's readiness to change.

REFERENCES

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FURTHER READING

- Rollnick S, Miller WR. What is motivational interviewing? *Behavioural Cognitive Psychother* 1995; 23: 325–34.
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RESOURCE

- **Health Promotion Cornwall & Isles of Scilly**

www.healthpromcornwall.org/index_brief-interventions.asp

Brief interventions information, tools, training materials and patient leaflets