

Making the Most of 5 Minutes

A healthy lifestyle brief intervention

Core Module

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Welcome

This pack has been designed to accompany the Core Healthy Lifestyle Brief Intervention training 'Making the Most of 5 Minutes.' The content reflects the training content and has some additional, relevant information which supports it.

Introduction

There is overwhelming evidence that changing health related behaviour can have a major impact on some of the largest causes of mortality and morbidity.

The Waneless report (2004) requires changes in behaviour and their social and economic and environmental context to be at the heart of all disease prevention strategies. It would save the NHS money and significantly ease the burden of chronic diseases, in particular coronary heart disease, stroke, type 2 diabetes, cancer, obesity and mental health.

The recognised impact of brief interventions relating to behaviour / lifestyle habits has on health and wellbeing is not new. NICE guidelines refer to Primary Care workers using brief interventions under several topic headings, for example, smoking cessation work has been supported by guidance on brief interventions since 2006: (Ref 1)

The Healthy Lives, Healthy People – Our Strategy for Public Health in England Dec 2010 White Paper (Ref 2)

States:

'Few of us consciously choose 'good or bad' health. We all make personal choices about how we live and how we behave, what to eat, what to drink and how active to be. We all make trade offs between feeling good now and the potential impact of this on our longer term health. In many cases moderation is the key.

All capable adults are responsible for these very personal choices. At the same time we do not have total control over our lives or circumstances in which we live. A wide range of factors constrain and influence what we do both positively and negatively

The government's approach is

- Strengthen self esteem, confidence and personal responsibility
- Positively promoting 'healthier' behaviours and lifestyles and
- Adapting the environment to make healthy choices easier.'

'Every Contact Counts' and will contribute to the creation of better health for local people

Encouraging healthy lifestyles is the job of all staff working within the health service not just those working specifically on public health projects. Recent government policy has a greater emphasis on the role and responsibilities of individuals in adopting healthy behaviours and lifestyles.

'Encouraging healthy behaviour in relation to diet, physical activity, smoking, drinking and weight management has the potential to improve people's health and quality of life. Current policy identifies a key role for frontline staff through everyday contact with users in helping people to adopt and sustain healthier lifestyles through the use of behaviour change interventions.

Building capacity and capability amongst health practitioners and the wider work force to deliver behaviour change interventions has been identified as key to

achieving government health targets particularly in relation to tackling health inequalities.'

'Training has a key role to play if front line staff are to deliver such interventions in a variety of settings across a range of health issues to a consistent standard and with a likelihood of success.'

'It is required so that opportunities to introduce or bring about lifestyle behaviour changes are recognised and acted upon.'

Commissioning training for behaviour change interventions Guidelines for best practice NHS North West – Powell, K. & Thurston, M (2008) University of Chester, Centre for Public Health Research (Ref 4)

Training

AIM Recognise that 'Every Contact Counts' and know how to make the most of 5 minutes and provide simple consistent key health messages and appropriately support those who are thinking about changing their health related habits.

You do not have to be an expert

Objectives

- Understand the basic elements of a Healthy Lifestyle brief advice input and a brief intervention – (elearning course available through Moodle.)
- Have the experience of practicing elements of a Healthy Lifestyle brief intervention.
- Know the Key Messages relating to a Healthy Lifestyle brief intervention.
- Be familiar with and know how to use and access resources to support a Healthy Lifestyle brief intervention.
- Explore common challenges and identify some solutions relating to your work place and developing in-house systems to sustain delivery of behaviour change with clients.

Elements

1. **You and what you already do.** - Paired discussion and feedback.
2. **The scale of the problem** - Quiz discussion.
3. **What should we be doing?** Healthy Lifestyle Key Messages.
4. **Thinking about behaviour change** – Pand D Cycle of Change
5. **The spirit of the intervention-** MI approach.
6. **Levels of intervention and core competencies.**
7. **'Making the most of 5 minutes'- Pathway.**
 - **Raising the Issue** – Motivational Interviewing Communication Skills to engage the client.
 - **Brief Advice Level1.**
 - **Brief Intervention Level 2 - shifting 'motivation' to change.**
8. **Tools to use.**
9. **Skill practice and peer assessment.**
10. **References.**

APPENDICES Task Handouts.

ELEMENT 1

DEFINITIONS RELATING TO A HEALTHY LIFESTYLE B. I.

WHAT DO YOU ALREADY DO THAT RELATES TO THESE?

NHS Yorkshire and Humber 2010 *'Prevention and Lifestyle Behaviour Change A Competence Framework'* (Ref 3)

Ref; Powell,K and Thurston,M. (2008) *"Commissioning training for behaviour change interventions. Guidelines for best practice"* (Ref 4)

Behaviour Change Intervention

'Single or multiple sessions of motivational discussion focused on increasing the individual's insight and awareness regarding specific health behaviours, and their motivation for change.'

'A healthy lifestyle brief one to one intervention providing an opportunity for individuals to explore their lifestyle habits which could impact negatively on their health. It encourages open exchange of views and information and increases motivation to change.'

Lifestyle

'A way of living based on identifiable patterns of behaviour. An individual's lifestyle is normally a combination of: their personal characteristics, their behaviours, the people they live with and relate to and their socio-economic and environmental living conditions.'

Brief Advice Level1

'Brief advice describes a short intervention delivered opportunistically in relation to a client's reason for seeking help.

It can be used to raise awareness and assess a person's willingness to engage in further discussion about healthy lifestyle issues.

Brief advice is less in depth and more informal than a brief intervention and usually involves giving information about the importance of behaviour change and simple advice to support behaviour change'

Brief Intervention Level 2

'Brief Interventions provide a structured way to deliver advice and constitute a step beyond advice as they could involve the provision of more formal help, such as arranging follow up support.

Brief interventions aim to equip people with tools to change attitudes and handle underlying problems.

As part of a range of methods, brief interventions may contain brief advice and use motivational interviewing approach in the delivery.

ELEMENT 2

THE SCALE OF THE PROBLEM

Health cost of unhealthy behaviour

The Healthy Lives, Healthy People – Our Strategy for Public Health in England' Dec 2010 White Paper

- Changing adult's behaviour could reduce premature death, illness and costs to society, avoiding a substantial proportion of cancers, vascular dementias and over 30% of circulatory diseases.
- 1 in 6 deaths occurred before the age 65 in 2007.
- Circulatory diseases, cancers and respiratory diseases accounted for 75% of deaths in 2007.
- 30% of deaths from circulatory disease could be avoided mainly through a combination of stopping smoking, improving diet and increasing physical activity.

Counting the ££s cost of unhealthy behaviours

'Commissioning and Behaviour Change Kicking Bad Habits final report' The Kings Fund 2008

- **Unhealthy behaviours** and the illnesses they cause represent a significant financial cost to the NHS –estimated to be more than £6 billion a year. Smoking, alcohol misuse, poor diet and lack of exercise are the targeted bad habits.
- **Treating smokers** costs the NHS in England £2.7 billion per year (ASH 2008) This is the biggest cause of preventable deaths – 18% of all deaths 2007 1 in 5 adults still smoke.
- **Alcohol Misuse** cost the NHS around £2.7 billion per year (national Audit Office 2008) Linking ill health, crime and disorder the estimation increases to around £20 billion each year (DOH 2007) 90% of the population drink and the majority do sensibly However around 10 million adults consume alcohol at hazardous levels i.e. above the recommended level. Research has shown brief interventions to be successful with alcohol misusers and they can lead to a 24% reduction in alcohol consumption.
- **Poor Diet** Around 7 in 10 people consume more salt than is recommended leading to an estimated 1 in 3 people with high blood pressure Only 3 in 10 adults eat the recommended 5 portions of fruit and veg a day.
- **Lack of exercise** Caused over £1 billion of the direct health cost burden to UK NHS.
- **Obesity** Cost of treating Obesity was £47.5 million in 2002. The estimated cost to the NHS of obesity related conditions is £4.2 billion each year.
- **Diabetes** is rising sharply 2 out of 3 adults are overweight or obese.

ELEMENT 3

HEALTHY LIFESTYLE KEY MESSAGES

WHAT SHOULD WE BE DOING?

TAKE INTO ACCOUNT MEDICAL CONDITIONS

Physical Activity:

“30 minutes of moderate activity at least five times a week”

- **Activity.** It is important to recognise that the term ‘exercise’ is often linked to fitness and can have negative connotations and it may be associated with some of the barriers i.e. not enough time, cost etc The term physical activity has a broader definition and refers to a wide range of activities that might be undertaken through active travel, domestic activity, occupation and leisure time.
- **Moderate Intensity** You are able to talk but your breathing is quicker and deeper, your body is warming up, and your heart will be beating faster than normal but not racing.
- **30 mins** can be broken down into smaller blocks of time.

Healthy Eating:

“Eat a balanced, variety of foods”

- Refer to the **Eat Well plate** to support the above message.
- Base your meals on starchy foods.
- Eat lots of fruit and vegetables (5 A DAY)
- Eat more fish.
- Cut down on saturated fat and sugar.
- Don’t skip breakfast.
- Try to eat less salt—no more than 6g a day for adults.
- Drink plenty of water.

Healthy Weight:

“Eat well, move more”

Four ingredients for a weight-loss programme that works:

- Eating right.
- Being active.
- Changing behaviour (habits)
- Getting support.

Smoking:

“Stopping smoking is the greatest thing you can do for your health”

- Call 01209 215666 Stop Smoking Service.

Alcohol:

“Manage your unit intake”

- Men – should not regularly drink more than 3-4 units a day.
- Women – should not regularly drink more than 2-3 units a day.
- A unit is.....One alcohol unit is measured as 10ml or 8g of pure alcohol. This equals one 25ml single measure of whisky (ABV 40%), or a third of a pint of beer (ABV 5-6%) or half a standard (175ml) glass of red wine (ABV 12%).

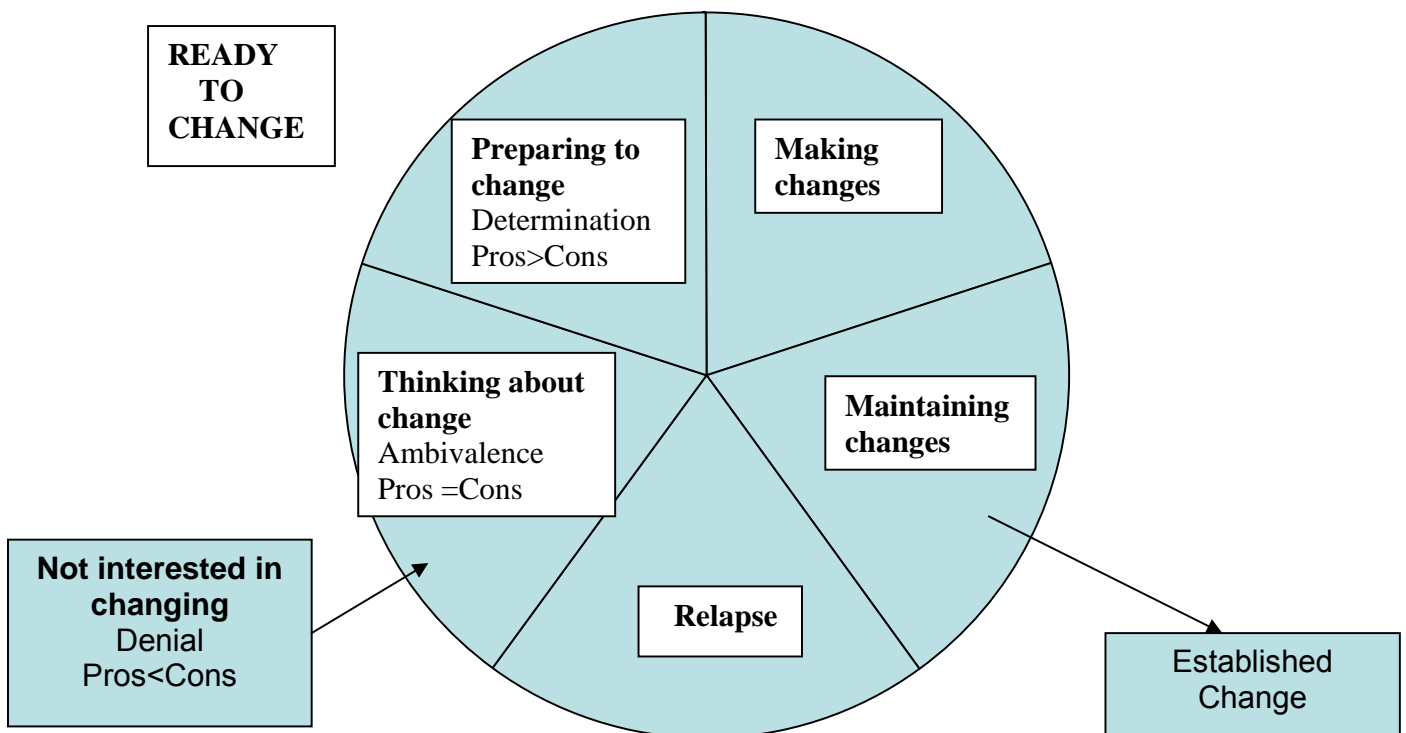
**Leaflets to use as supportive tools
Available from the Health Promotion Service 2011**

Physical Activity	Lets Get Moving NHS Get Active, Stay Active BHF Be Active for Life- Over 50 BHF	L13A.32 L13A.31 L13A.05
Healthy Eating	Healthy Eating Leaflet HPS Eating Well BHF	L15A.46 L15B.10
Weight Control	Why Weight Matters NHS Your Weight Your Health Take Control of Your Weight BHF Change 4life Swap it Don't Stop it	L15B.11 L15B.12 L15B.13 L15A.56
Stop Smoking	Your guide to quitting for good with Smokefree Stop Smoking Service Contact Card HPS	L29.38 Stop Smoking Service
Alcohol	Alcohol Unit Calculator Wheel Alcohol Leaflet HPS	LO1.31 LO1.33
General	How to Choose Health HPS How to Choose Health with the Health Promotion Service z'd card	L17A.01 L17A.02

ELEMENT 4 THINKING ABOUT BEHAVIOUR CHANGE

Prochaska and Di Clemente Cycle of Change Process of Changing Behaviour (1986)

- The model suggests a number of distinct stages which an individual may go through when altering a particular behaviour. Change is a process rather than an event.
- The aim is for the client to progress from one stage to another. This can result in a circular spiral which builds on experience.
- Recognising this cycle of change helps the professional to optimise the consultation.
- It gives guidance to the format and direction, of the brief intervention and it is used for matching interventions with a person's readiness to take on information and make changes.
- Your role is to recognize and accelerate the natural process through these stages.

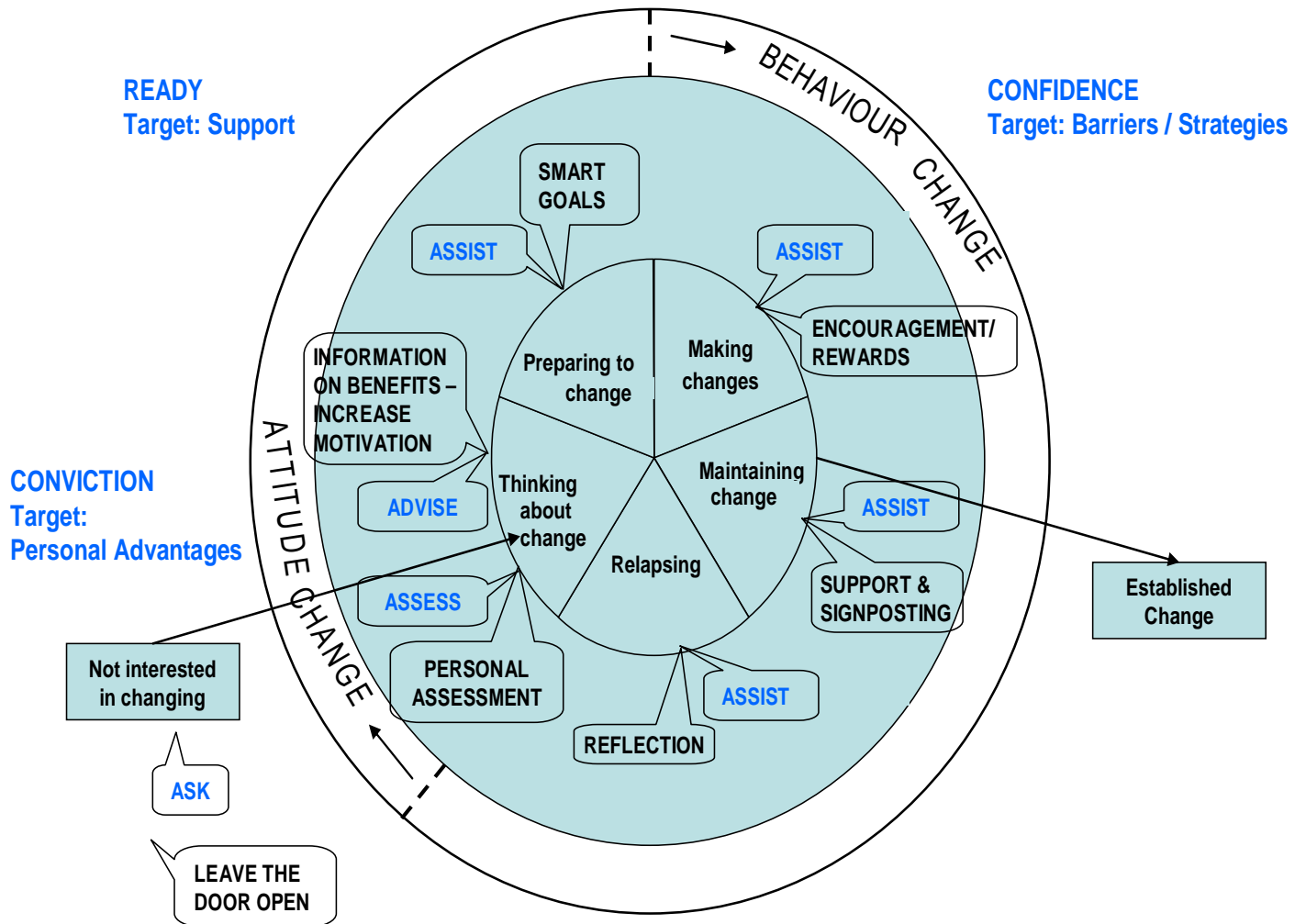


To be motivated to move round this cycle:

- Client needs to value the benefits of the changed behaviour – needs to be important to them and a current priority, therefore committed to action.
- Client needs knowledge.
- Client needs skills.
- Client needs confidence.

Match your intervention to where the person is on the cycle

A few words given at the right time by the right person can have a significant influence



ELEMENT 5

THE SPIRIT OF THE INTERVENTION

The way we talk to people about behaviour change and engage them in conversation can influence the outcome. Evidence suggests that a 'telling approach' can get in the way whereas a 'guiding style' can be more effective. This is where you are asking questions which are aimed at getting people to think about change, drawing out motivations and commitment to possible actions.

When information is shared it is done so in a neutral, non-judgmental manner.

If you find yourself doing all the work **STOP** and ask the client

"What do you think about what I have been saying so far?"

The way in which the professional interacts with the client is illustrated by the acronym **RULE** (Ref 6)

- R:** resist the 'righting' reflex. Practitioners should avoid the inclination to put right client's behaviour even when it will benefit their health.
- U:** understand and explore the client's own motivations.
- L:** listen with empathy and show interest.
- E:** empower the client, encouraging hope and optimism. Work with positives.

Communication skills

Prochaska and DiClemente(P and D) Motivational Interviewing (MI) and Solution Focused practice (SF) have all influenced the way in which we relate in order to empower individuals, to make personal decisions related to behaviour. Many of the core values overlap but some approaches stand alone and in the following text, where possible, it has been indicated when the idea has come from Solution Focused practiced (SF)

All are adaptations of counseling skills and need practicing and coaching.

Motivational Interviewing

- Is a process of exploring a person's motivation to change through interview, in order to assist them towards a state of action. Can improve their readiness /commitment to and confidence about changing.

Solution Focused Practice

- Is not concerned with understanding problems but interested in finding individuals solutions, allowing the clients to drive the work, centering the conversation on the client's strengths and abilities

An effective intervention is client centred.

- Is collaborative, form of guiding an individual, to elicit and strengthen motivation and confidence to change.
- Is based on empathy, collaboration and respect for autonomy.
- Evokes a person's motivation through helping them to identify their own arguments for change, rather than imposing reasons for change on them
- Demands control of one's own values and beliefs is important. No telling

Work collaboratively

- Discussion with client working together to explore options.(negotiation)
- Be curious over responses as this shows that you are listening.

Tailor to individual circumstances

- Start' where the person is at' and respond appropriately according to where they appear to be on the P and D model of behaviour change.
- Use open ended questions to encourage them to verbalise their personal benefits resulting from behaviour changes.
- Move towards their 'best hope' future. (SF)

Do not focus too much on the problems (SF Ref 8)

- The client needs to move from 'negative' to 'positive' frame of mind

From Negative	To Positive
Focused on problems	Focused on solutions
Deficit focused	Resource focused
Professionals goals	Working towards clients best hopes
What's wrong	Finding what is working
Feeling stuck	Noticing progress
Victim	Survivor
Hopelessness	High expectation of improvement
Advice giving	Asking useful questions
Passive client	Maximizing co-operation
Disempowering	Empowering

ELEMENT 6

LEVELS OF INTERVENTION AND CORE COMPETENCIES

1. **4 levels of intervention** have been identified by Powell, K.& Thurston, M. (Ref 4) and these are dependent on the professional's role and circumstances. The HPS Core training 'Making the Most of 5 minutes' refers to Level 1 and Level 2

Level 1 Brief Advice

The worker is able to engage with individuals and use basic skills of awareness, engagement, and communication to **introduce** the idea of lifestyle behaviour change and to **motivate** individuals to consider/think about making changes to their lifestyle behaviour(s)

Level 2 Brief Intervention

The worker is able to select and use brief lifestyle behaviour change techniques that help individuals **take action** about their lifestyle behaviour choices which may include starting, stopping, increasing or decreasing lifestyle behaviour activities.

Level 3

The worker is able to select and use appropriate techniques and approaches to provide support to individuals as they **change** their lifestyle behaviour(s) and facilitate individuals to **maintain these changes** over the longer term.

Level 4

The worker uses **specialised/advanced** or lifestyle and behaviour specific behaviour change **approaches** to support individuals. This level is applicable to those working at a strategic level

Professionals Core Competencies

Level 1 Brief Advice

Level 1 Learning Outcomes:

Knowledge and Understanding

- Understand the value of giving opportunistic brief advice in the context of an every day client encounter.
- Understand the harmful consequences of the behaviour in question.

Skills- practical

- Ask details about the health behaviour in question.
- Asses a persons level of health risk.
- Deliver brief advice in an empathic no-confrontational manner i.e. MI values
- Employ knowledge of appropriate services for signposting people to additional sources of support – be aware of boundaries of own role.

Skills - intellectual

- Distinguish between brief advice and brief intervention as distinct approaches to bring about behaviour change.
- Judge when delivery of brief advice is an appropriate and relevant intervention.
- Use a self reflective approach to delivering brief advice i.e. MI Skills.

Level 2 Brief Intervention

Level 2 Learning Outcomes

Knowledge and Understanding

- ☑ Explain the harmful consequences of the behaviour in question.
- ☑ Recognise the evidence of effectiveness for behaviour change interventions in general and in relation to the specific health behaviour in particular.
- ☑ Understand the stages of change mode.

Skills: practical

- ☑ Identify people for whom brief intervention is appropriate.
- ☑ Assess a persons level of health risk when relevant recording details.
- ☑ Assess a persons readiness /commitment for change.
- ☑ Use resources effectively as tools to support a brief intervention.
- ☑ Employ knowledge of appropriate services for signposting people to additional sources of support.
- ☑ Deliver a brief intervention based on an explicit model of behaviour change comprising of the following core MI elements:
 - Client-directed discussion
 - Feedback of personal risk
 - Communication of responsibility towards behaviour
 - Giving appropriate guidance as exploring changing behaviour
 - Negotiating a menu of ways to change behaviour
 - Expressing empathic understanding
 - Enhancing self-efficacy
 - Establishing behaviour change goals
 - If appropriate provide a follow up / signposting

Skills intellectual

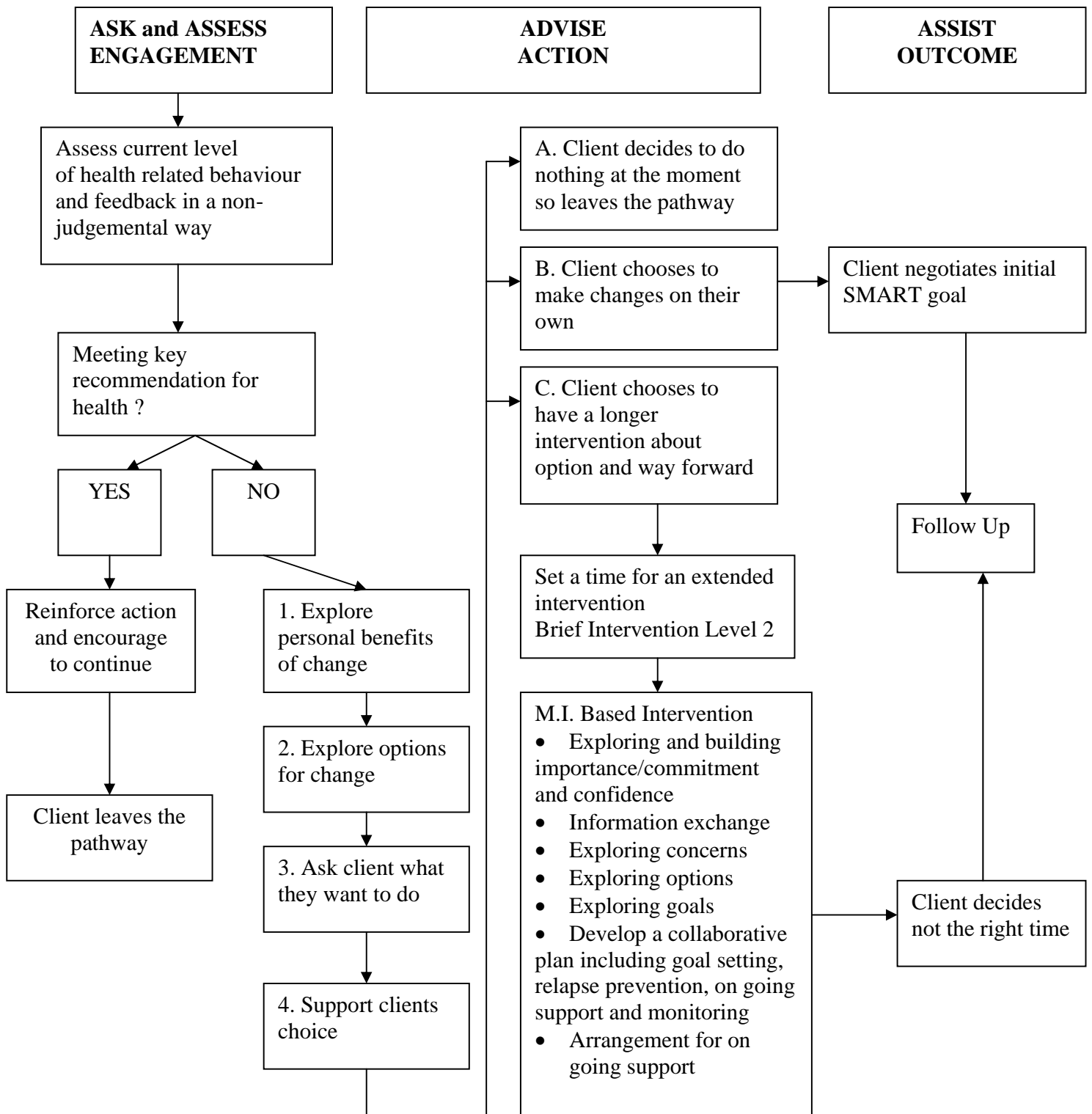
- ☑ Distinguish between brief advice, brief intervention as distinct approaches to bring about behaviour change.
- ☑ Judge when delivery of a brief intervention is an appropriate and relevant approach to behaviour change.
- ☑ Judge when motivational interviewing is an appropriate and relevant approach to use as part of a brief intervention.
- ☑ Appraise and where appropriate record a persons readiness to change.
- ☑ Plan a structured behaviour change intervention with due regard to the expressed needs of the individual.
- ☑ Use a self reflective approach to devising and delivering a brief intervention.

ELEMENT 7

MAKING THE MOST OF 3 MINUTES' PATHWAY

Helping the client to make their own decision and take responsibility for changing their own behaviour.

BRIEF INTERVENTION PATHWAY



CLIENT	PROFESSIONAL
<p data-bbox="231 398 705 465">A brief Intervention should help people to:</p> <ol data-bbox="231 539 767 1892" style="list-style-type: none"> <li data-bbox="231 539 767 645">1. Understand the likely impact of their behaviour on their health and the positive consequences of change <li data-bbox="231 683 767 750">2. Make a personal commitment to change. <li data-bbox="231 1041 767 1108">3. Feel optimistic about changing behaviour. <li data-bbox="231 1288 767 1429">4. Plan changes in terms of easy steps Set goals to undertake specific actions over a specified time. Share their behaviour change goals with others. <li data-bbox="231 1680 767 1747">5. Plan for events that might get in the way <li data-bbox="231 1825 767 1892">6. Identify where you could get future support 	<p data-bbox="805 398 1332 504">Be alert to opportunities for brief advice. It's often opportunistic and informal.</p> <p data-bbox="805 504 1034 537">ENGAGEMENT</p> <ol data-bbox="805 539 1361 974" style="list-style-type: none"> <li data-bbox="805 539 1361 616">1. Make general links between lifestyle and health and well being-<i>risks</i> <li data-bbox="805 649 1361 974">2. Assess person's willingness to change and engage in further discussion and motivation to change Follow with Brief Advice (B.A.) or Brief Intervention (B.I.) (see 'where does that leave you now' table.) If not willing to engage at that moment invite them to return another time or signpost for future support <p data-bbox="805 1003 933 1037">ACTION</p> <ol data-bbox="805 1039 1361 1926" style="list-style-type: none"> <li data-bbox="805 1039 1361 1220">3. Encourage client to verbalise personal <i>benefits</i> and if not aware provide relevant information about at least 3 benefits that could happen if they change habits Using the scale of 0-10 to discuss how <i>important</i> it is to change (Commitment) <li data-bbox="805 1288 1361 1646">4. Explore <i>how</i> they could change. Find out individuals needs, wishes and preferences. Reflect again on what has worked before? If requested offer simple advice / tips to support behaviour change as possible choices for starting point. Expand for BI Identify through negotiation an easily achievable 'quick win' SMART goal to start working on <li data-bbox="805 1680 1361 1780">5. Identify barriers to change and negotiate ways to manage them including skill gap/ lack of support <li data-bbox="805 1825 1361 1926">6. Where appropriate sign post so that they can get hold of information/ advice when they need it in the future

Brief Intervention Pathway

The 4 A's

1. ENGAGEMENT

B.A. B.I. Stage 1

Ask Raise the issue and make the links between lifestyle habits and their health. **(Risks)**

B.A. B.I. Stage 2

Assess Current health related behaviour and stage of change?
Levels of Conviction and Confidence?

2. ACTION

(BA) B.I. Stage 3

Advise Using 'motivational interviewing' approach help them shift in motivation (conviction and confidence) moving towards the next stage of behaviour change **(Increase awareness of Personal Benefits)**

B.A. B.I. Stage 4

Assist Respond to where they are on cycle of change
If 'ready to change' assist them to set **SMART** goals
Signpost for future support and reference

1. ENGAGEMENT

(B.A. B.I) Stage 1. Ask

Step 1 Raising the Issue –The spirit of the intervention

A professional has many things to achieve during their interaction with a client and it may be difficult to shift the focus of the conversation to behaviour change in a way that is client focused and empowers the client to make one or more behaviour change. Use the values of Motivational Interviewing

Ask "general" questions to connect with client as this makes them feel valued as a person and gets them to chat. **Set the time boundary to manage expectation.**

Suggestions

Raising the issue sensitively

*"As part of my job I am being asked to encourage healthy lifestyles.
Would you mind if we spend a 5 minutes chatting about this?"*

"Are you aware that certain aspects of our lives have an impact on our health and well being e.g. smoking drinking eating well, being active, managing our weight?"

"May I ask you what you are doing that you are pleased with, with regards to healthy living?" (SF)

(B.A. B.I) Stage 2. Assess Current health related behaviour and apparent stage of change?

Step 1 Provide neutral feedback in non-judgmental way

This gives the practitioner an opportunity to connect with the client .

- Let the client do most of the thinking
- Listen actively and with curiosity letting the client talk, use appropriate body language
- Resist the tendency to jump in with advice.
- Summaries what you heard the client say.

Suggestions
Providing neutral feedback
<i>“It’s really good that you are e.g. eating well...”</i>
<i>“You seem to be.....”</i>
Normalise the situation e.g. <i>“You are right lots of people struggle to find the time to.....”</i>

Step 2. Assess

- Current behaviour
- ‘Where they’re at’ regards their attitude to making changes
- Importance/commitment to change any behaviours/habits
- Confidence about changing

Suggestions
Assess current health related behaviour and apparent stage of change?
<i>“On a scale of 1 to 10 where do you feel you sit in relation to a healthy lifestyle?”</i>
<i>“Why there and not lower?”</i>
<i>“Is there anything else you feel you could improve on?”</i>
<i>“The recommendation for..... is (key message)</i>
When providing information follow it with <i>“What do you make of that?”</i>
<i>“What would you think about..... quitting smoking?”</i>
or
<i>“Have you thought about..... getting more exercise?”</i>
<i>changing your eating habits?”</i>

With BI level 2 a screening tool/quiz I could be used Share the info / leaflet in the space between you. *“Could we just look at this together?”* This takes the responsibility of being the ‘expert’ away from you.

2. ACTION

This is the ACTION TALK part of the conversation.

You are particularly trying to:

- find out what is relevant to the client and encourage them to reflect on this building motivation/commitment through building on personal benefits
- find out what action they are committed to –*“Where does this leave you now?”*
- make a plan

(B.A. B.I) Stage 3. Advise

Encourage the client to talk and explore the personal benefits of change in order to increase in motivation and move into the next section of the behaviour change cycle.

Step 1 Use an evoking style (M.I. and S.F) to explore benefits

Listen carefully with a goal of understanding the dilemma. Give no advice

Evoking Style to Clarify Benefits	Suggestions
Let's explore this a little bit more:	
<i>“Why might you want to make this change, if you decide to?”</i>	
<i>“What would be the 3 best reasons for doing it?”</i>	
<i>“On a scale of 0 to 10 how important would you say it is for you to make this change?”</i>	
<i>“Why are you at _ and not at a lower number?”</i>	

Provide neutral feedback to all of the above

Give a short summary /reflection about the client's motivation to change and how important it is to them. Then ask *“So what do you think you will do?”* and listen with interest: stay the same, go away and think about it, make changes on their own, have a further talk about it?

Step 2.

Where does this leave you now in reference to making changes?

Clients Choice	Suggested Practitioner's Response
Stay the same – not ready to change	BA <ul style="list-style-type: none"> • Acknowledge clients decision after encouraging a chat about personal benefits if they were to make a change and what they might do • Tell them you would be happy to talk again • Suggest future support available - other supportive agencies or a relevant web site
Go away and think about it	BA <ul style="list-style-type: none"> • Affirm decision “Its great that you are thinking about it as it could really improve your health.” • Offer some reading material to reinforce the pros and cons and help them to identify a starting point with tips. • Suggest future support other supportive agencies or a relevant web site
Make changes on their own	BA <ul style="list-style-type: none"> • Sets initial SMART goal and offer supportive booklet • Suggest future support other supportive agencies or a relevant web site
Not sure Have a further talk about changing	BA and BI <ul style="list-style-type: none"> • Encourage them to talk and increase motivation using the suggested tools • Explore options • Help them to identify a simple SMART goal • Offer relevant resources • Suggest future support other supportive agencies or a relevant web site • Arrange a BI level 2 meeting

For people not ready to change it can be better to focus on their ambivalence rather than the behaviour change. Others can be shifted using MI and S F techniques, encouraging the client to mentally explore and verbalise – *think out loud in a new way*. Main focus is on the positives / benefits

(B.A. B.I) Stage 4. Assist those who are ready to change

Step 1 SMART Goals

Remember:

- The client is the expert in their own lives
- Client is competent to make good choices
- Client will know how to achieve their goals if given the time to think.

Develop a collaborative SMART plan setting goals, relapse prevention and on going support.

Setting specific, achievable, and realistic goals leads to better outcomes compared with vague goals, as they are more tangible and difficult to postpone with more immediate rewards from accomplishment.

Goals should be set collaboratively and focus on behaviour change rather than physiological change these targets are easier to observe. Talk about self-monitoring. Self monitoring recognises progress towards identified goals and provides an opportunity for feedback these can be simple 'pencil and paper' logs

SMART Goals	Suggestions
	<i>"You said you were on a On a score of 1-10 in relation to this behaviou. What would you be doing if you were to move up a couple of points?"</i>
	<i>"Would it be helpful to explore some other options?"</i>
	<i>"What target might work for you?"</i>
	<i>"What is the first realistic step you could take?"</i>
	<i>"What has worked before that might provide a good starting point?"</i>
	<i>.....Anything else??</i>

Step 2 Signposting

Identify who or what, the client can get support from in the future If comfortable with the computer signpost to healthprom.com which will take them to topicspecific web sites. The general healthy lifestyle leaflet can be used How to Choose Health Change 4 life

3. END INTERVENTION (SF)

Includes genuine compliments, client successes, accomplishments and a summary

Summary	Suggestions
<i>"You are the sort of person that....."</i>	
<i>"I have learned that....."</i>	
<i>"I am impressed that....."</i>	

4. FOLLOW UP SESSION (SF)

Follow up	Suggestions
<i>"Where are you at the moment on a scale of 1 -10?" You started on a _ now you're on a _ What has happened to take you up the scale?</i>	
<i>"Can you tell me 10 things that you are pleased with in terms of what has happened since we last met?"</i>	
<i>"What things that are helping you move up the scale!"</i>	
<i>"Can you tell me 5 things you will notice when things get even better?"</i>	
<i>"What are doing to stop things from getting worse"</i>	
<i>"What positive difference is that making?"</i>	

ELEMENT 8

Tools to use

Motivational Interviewing Tools

Tool 1

Helping clients shift in motivation

“On a scale of 1-10, how important is it for you to make changes to
...your eating habits etc”

“On a scale of 1-10, how confident are you of being able to make such
a change?”



- “Why have you placed yourself there?”
- “Why not lower?”
- “What would be happening if you found yourself 1 or 2 points higher?”

Repeat the scale question at each session as it can aid reflection on positive changes and indicate when they want to finish with a professional.

Tool 2

Visualise Preferred futures/ best hopes.

The emphasis is on:

‘What do you want?’ rather than ‘what don’t you want.?’

‘What will be the first small signs that things are improving?’ not “how would you get there

- **Think about what might happen if you do change.**

“What would be the first change you would notice?”

“What would it be like for you?”

“How might things be different?”

- **Imagine if you stay as you are.**

“How might things be in the future?”

“What might be different ?”

Tool 3

Motivation to change versus the motivation to stay as you are

Addressing the Pros and Cons of change

The client needs the opportunity to explore the good things and not so good things that come from making changes.

- **The benefits need to outweigh the negatives**

“What would be 3 best benefits to you personally of.....?”“What else?”

- **Blocks and barriers need to be addressed, building on the confidence to change – coping strategies**

“Shall we explore some coping strategies to deal with these blocks?”

- **The good things about current behaviour that will be missed with ‘change’ need to be replaced with something that gives the same positives without the ‘risk’**

“What would give you the same positives without the risks.?”

Positives of change	Negatives of changing
Negatives of not changing	Positives of staying as you are

ELEMENT 9

SKILL PRACTICE AND PEER ASSESSMENT

Observers Crib Sheet

Skill Practice and Giving Feedback

Task: 3 mins interaction staying in role between A and B. C observe
A supportive adult
B client
C observer - who will make notes and feed back

Descriptive feedback is useful.

“I noticed you did this and that and this led to.....”

“You could do more of that and maybe less of this?”

Order of feedback: “How did you find it?”

1. Client feeds back first
2. then observer
3. then the professional

NOTE

Does the supportive adult (A) cover the following:

Engaging the client

- Encouraging the client to talk
- Importance /risks
- Benefits of change
- Assess current behaviour
- Check what client feels about changing
- What has worked before?

Action

- Scaling questions to increase motivation (importance/confidence)
- Increasing identified benefits of change
- Negotiating action plan
- Client responds to making a plan
- Targets ideal or, client centred
- Follow up arrangements
- Future support

NOTES:

Behaviour Change Skills Assessment Tool

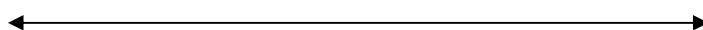
This tool is based on **Behaviour Change Counseling Index (BECCI; Lane 2002)** which is designed to score practitioners use of techniques relating to behaviour change.

- 0. Not at all
- 1. Minimally
- 2. To some extent
- 3. A good deal
- 4. A great deal

Item	Score
1. Practitioner invites the client to talk about behaviour change	Not at all 0 1 2 3 4 a great extent
2. Practitioner encourages client to talk about current behaviour	Not at all 0 1 2 3 4 a great extent
3. Practitioner encourages client to talk about change	Not at all 0 1 2 3 4 a great extent
4. Practitioner asks questions to elicit how the client feels about the topic	Not at all 0 1 2 3 4 a great extent
5. Practitioner uses empathic listening statements when client talks about the topic	Not at all 0 1 2 3 4 a great extent
6. Practitioner uses summaries to bring together what the client says about the topic	Not at all 0 1 2 3 4 a great extent
7. Practitioner acknowledges challenges about behaviour change that the client faces	Not at all 0 1 2 3 4 a great extent
8. When practitioner provides information it is sensitive to clients concerns and understanding	Not at all 0 1 2 3 4 a great extent
9. Practitioner actively conveys respect for clients choice about behaviour change	Not at all 0 1 2 3 4 a great extent
10. Practitioner and client exchange ideas about how clients change choice can be made	Not at all 0 1 2 3 4 a great extent

Balance of interaction

Practitioner



Client

Practitioners score:

Could do more of:

ELEMENT 10 References

Text informing training approach

1. NICE (2007). Behaviour change at population, community and individual levels. London: National Institute for Health and Clinical Excellence
2. The Healthy Lives, Healthy People – Our Strategy for Public Health in England” Dec 2010 White Paper
3. Prevention and Lifestyle Behaviour Change – A Competence Framework NHS Yorkshire and the Humber 2010
4. Powell,K.& Thurston, M. Commissioning training for behaviour change interventions Guidelines for best practice NHS North West (2008) University of Chester, Centre for Public Health Research
5. Let’s Get Moving A physical activity care pathway Module 1 Trainee manual NHS 2010.
6. Cavill,N; Hillsdon M; Antiss T; Brief interventions for Weight Management Oxford: National Obesity Observatory 2011
7. Alcohol Improvement Programme; Training for the Trainers 2009
8. Garreth Ford. Brief interventions: Improving patient interactions: Solution focused practice Course manual BHF National Centre 2010
9. Bedard J. Initiate a behaviour change in 3 mins June 2010

Useful websites

Core :

www.healthpromcornwall.org

Topic Specific:

National

www.garethford.co.uk -solution focus training

www.nhs.uk/letsgetmoving

www.nhs.uk/livewell/loseweight

www.drinkaware.co.uk

Local

www.weightmatters.org.uk

www.eatsomegoodfood.org

www.leapactive.org

www.quit4cornwall.com

APPENDIX HANDOUTS

Task 1

Current Good Practice

- **In relation to the definitions identify 5 things that you already do in your working role that you are really pleased with?**

- **What is most challenging?**

- **In trying to overcome these challenges, what works well?**

Share this each way with a partner for 2 mins

Task 2

THE SCALE OF THE PROBLEM

Quiz

Smoking:

-Half.....of all regular smokers are killed by their habit
- ...30,000.....smokers have a fatal heart attack each year

Risks

lung cancer, chronic obstructive airways disease, bronchitis, emphysema, heart disease, cancers of lung throat and mouth, stomach, liver and bladder, premature births and cot death, fertility, cervical cancer

Lack of exercise:

- Physical inactivity is responsible for overone in five.....people in developed countries getting coronary heart disease
- People who are physically active reduce their risk of developing coronary heart disease, stroke and type 2 diabetes by up to ...50%.....

Risks Page 7 Why is it worth being active

Osteoporosis, coronary heart disease, stroke, colon cancer, type 11 diabetes, hypertension, obesity and mental health problems

Diet:

- Eating at least 5 portions of a variety of fruit and veg a day could lead to an estimated reduction of up to20%..... of overall deaths from chronic diseases, stroke and cancers
- Current average consumption of fruit and veg in the UK is only about...three portions a day... ..

Risks

Fat leads to high cholesterol, heart disease, obesity. Salt leads to hypertension, high blood pressure and is linked to heart disease and strokes Sugar leads to bad teeth, and extra weight. Lack of nutrients leads to ill health

Being overweight:

- 6,000 deaths a year from ...coronary heart disease.....are due to obesity
- Estimated that almost 13 million will be obese by 2010 and it will effect25%.....of our population

Risks

Page 4 What's weight got to do with health

Heart disease, cancer, diabetes, high blood pressure, immobility

Alcohol consumption:

- Alcohol accounts for between...15,000 and 22,000 premature deaths annually in England and Wales each year
- Liver Cirrhosis is now the 5th, most common cause of death and continues to rise

Risks

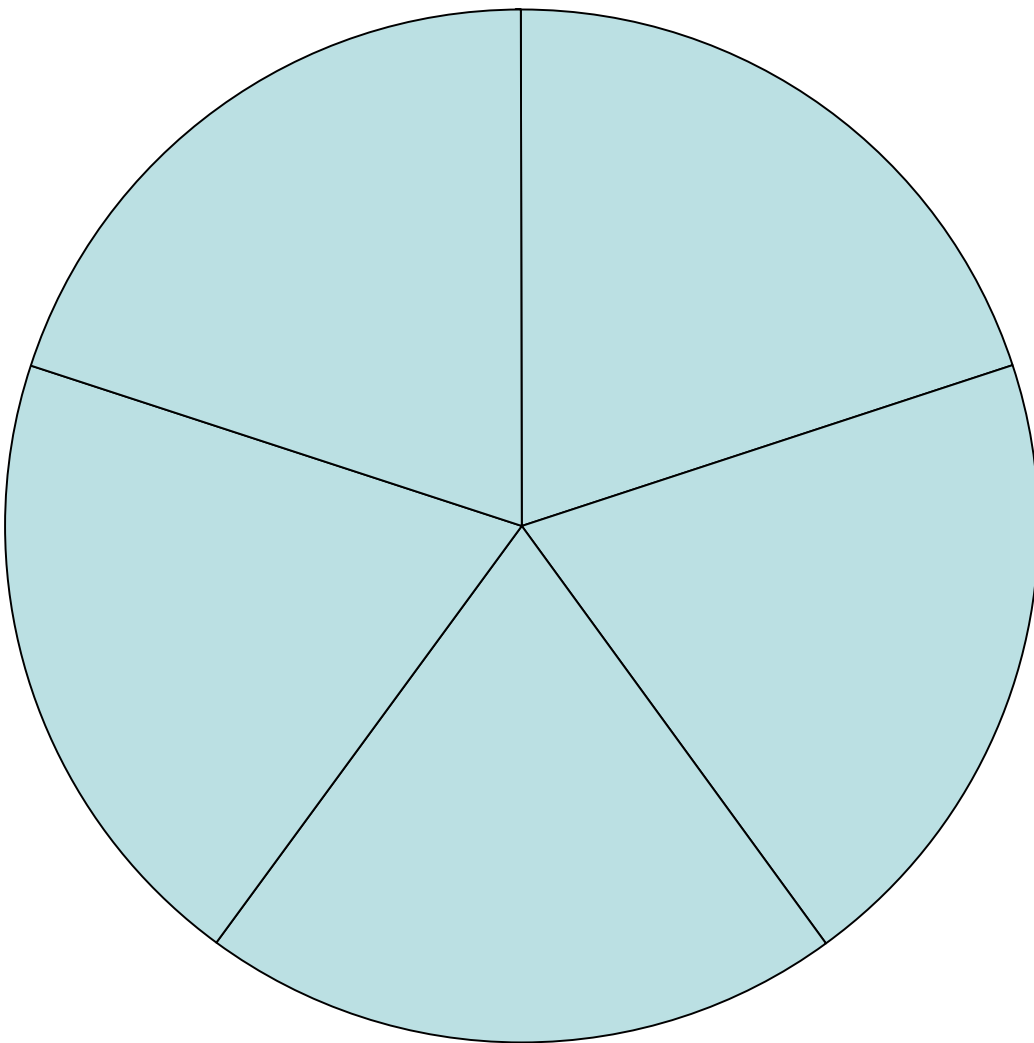
Leaflet list associated risks

Liver disease, osteoporosis, stomach ulcers, infertility, stroke dementia and brain damage. Cancers of the oral cavity and pharynx, larynx, oesophagus and liver

Task 3

Prochaska and Di Clemente Cycle of Behaviour Change

- Think of a health related habit you have changed and reflect on whether you followed this process.
- What was it that motivated you to move from one box to the next?
- Chat about this motivation with a partner, 2 mins each way.



Task: Brief Advice Level 1.

Make the most of 5 mins and make every contact count.

(Can be used at Road Shows or at the end of a Health Check)

**Level 1
Brief Advice**

The worker is able to engage with individuals and use basic skills of awareness, engagement, and communication to **introduce** the idea of lifestyle behaviour change and to **motivate** individuals to consider/think about making changes to their lifestyle behaviour(s)

Client: Share something that you are thinking about changing

Practitioner: Use MI approach Ask the following simple questions. Listen carefully with the goal of understanding the dilemma. Do not tell the client what to do.

ENGAGEMENT Ask and Assess

Set the scene

1. *"We have 5 mins to chat about lifestyle habits and health . The main activities that have been identified to impact on our health and well being are smoking, healthy eating, being active, managing weight and alcohol consumption."*

2. *"May I ask you what you are doing that you are pleased with, with regards to healthy living?"*

Provide neutral feedback *"It's really good that you are e.g. eating well..."*

3. *"Is there another one of these topics that you would like to improve on, to keep well and healthy?"*

Provide positive reinforcement about links to health (keep general so not to become clinical.)

4. *"The recommendation for..... is (key message)"*

When providing information follow it with *"What do you make of that?"*

Expand on key message if necessary

ACTION

If you feel it's appropriate, explore and reinforce benefits and build on commitment if not go to 6.

Advise

5 *"Why might you want to make this change, if you decide to?"*

"What would be the 3 best reasons for doing it?"

"On a scale of 0 to 10 how important would you say it is for you to make this change?"

"Why are you at _ and not at a lower number?"

Respond with a short summary/reflection of the client's motivation for change. Summarise what they said about wanting to change, or not, and the level of importance as they see it. Then ask *'so do you think you are ready to make a change now?'* and listen with interest

Assist

6 Reinforce starting point *"(When you are ready to make a change) or (If you are ready to make a change) how might you go about it in order to succeed.? What would be your starting point?"*

7 If needed use the tips list to identify possible starting goals.

"Do you want to make changes on your own or do you want /need support?"

8 *"Do you know where to go in the future for information and support?"*

Provide relevant info and web site support.

Arrange a meeting for a longer brief intervention level 2 if relevant