Improving Health:
Changing Behaviour

NHS Health Trainer Handbook

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Introduction

The 2004 Department of Health White Paper *Choosing Health: Making healthy choices easier* proposed the development of a new role for improving health and reducing health inequalities – accredited **Health Trainers**. Health Trainers will be drawn from local communities[28] and will be trained to reach those who want to adopt healthier lifestyles, but who have little contact with services.

Behaviours are a major cause of ill-health and premature death. For example, unhealthy eating habits, physical inactivity, smoking, alcohol use, unsafe sex, driving habits and violence contributed to 48% of deaths in the US in 2000.[1] 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.[2]

The role of the Health Trainer is new within the NHS. The Health Trainer will use techniques based on psychological evidence and theories to help people change behaviours that are known to cause ill-health. As *Choosing Health*[3] explains,

> "Providing information and persuasive messages can increase people's knowledge of health risks and what action to take to deal with them. This is an essential framework for changing our way of life, but it is rarely enough on its own.

There is good evidence that a range of approaches grounded in psychological science can help people in changing habits and behaviour. These sorts of approaches help people:

- learn how to watch for things around them that can trigger or reinforce the behaviour they want to change;

- set goals and plan how to achieve them; and

- build confidence to make the changes that they want to…"

Choosing Health White Paper: 05:14:107

Health psychologists have researched in great detail the most effective techniques for behaviour change and health promotion.[27]

This handbook introduces this approach and the main techniques that can help people decide whether, and what, they would like to change, and how to do this. These techniques include goal setting, self-monitoring, creating action plans and building social support. The handbook aims to assist Health Trainers in:

- boosting clients' motivation to change and their confidence in their ability to change

- teaching people how to take control of their health and related behaviours, and

- helping people to focus on their achievements and positive aspects of changing.

The role of a Health Trainer

The recent White Paper *Our health, our care, our say*[4] discusses the role of the Health Trainer:

> "People whose initial self-assessment indicates that they are at significant risk of poor health will be able to discuss the outcome with a Health Trainer. The discussion will include looking at what action they can take to improve their own health, for example through diet and exercise. It will also cover the further help they might want to seek from local services, including, where appropriate, referral to seek medical advice and follow-up from more specialist services and the development of a personal health plan."

Our health, our care, our say White Paper: 2:2.33:35

The role of the Health Trainer encompasses much more than advice and support. It involves training people in skills to actively set their own behavioural goals and manage their own behaviour and, more broadly, events and circumstances in their lives that they would like to change. In targeting those people who would like to change behaviours relevant to their health, and have previously been hard to reach via other services, the Health Trainer has the potential to reduce health inequalities.

How to use this handbook

This handbook underpins the role of the Health Trainer as specified in the Department of Health White Paper *Choosing Health*. It provides information and explanations about psychological techniques and theories of behaviour change and offers practical suggestions for how to use these techniques.

As Health Trainers will be working in a wide range of settings and with people with a variety of health needs, this handbook is intended to be adapted for local situations. It is not intended as a replacement for a training course.

The techniques outlined in this handbook are based on research evidence that has shown that these are the most effective techniques to help people change behaviour. The evidence is referenced using a numerical system. If you are interested in reading more about the research and the theory behind a particular behaviour change technique, the corresponding number in the References and theoretical explanations section will provide further information. For example, the following section of the handbook:

> Specific – some goals can be vague and difficult to measure. It is important to set goals that are clear and precise. E.g. A vague goal would be 'Being fit and athletic', whereas a clear, specific goal would be 'I will work out at the local gym for at least 30 minutes three times a week at 7pm on Monday and Thursday and 10am on Saturday.'[8]

would correspond to

> [8] Carver, C.S. and Scheier, M.F. (1998). *On the self-regulation of behaviour*. New York: Cambridge University Press
>
> The theoretical basis of these ideas comes from Carver and Scheier's Control Theory. They defined these levels within the goal hierarchy as: system concepts (abstract goal), principles (action goal) and programmes (courses of action).

in the References and theoretical explanations section.

The worksheets such as those on pages 54–65 are intended for you to copy and adapt as appropriate for use with your clients. Also included are Client reminder sheets (see page 32 for an example). These sheets are designed to be copied and given to clients to use at home.

Sample meeting structure

The following section is an example of how you could structure your meetings with clients and tells you which sections of the handbook are relevant at different points. *Again, this structure can be adapted to meet the local situation and clients' requirements*. This section is intended as a brief outline; subsequent sections of the handbook provide more detail on these topics (page numbers are provided).

Before the first meeting

- Be clear about what is within your expertise and what is beyond your expertise as a Health Trainer, and what to do about issues that are beyond your expertise

- Know how to introduce your role and how to introduce the session and the service (use the meeting scripts on pages 9 and 10 and The role of a Health Trainer on page 4)

- Have a clear idea about how to assess a client and what communication skills you need to use (see How to assess clients section on page 11 and Finding out about your client and Encouraging people to change sections on pages 12–14).

NB Use the Meeting scripts section (pages 9 and 10) for detailed examples of opening and closing the meetings.

Meeting 1

Introduction

- Explain what a Health Trainer is and the methods you will be using (emphasise that the way of working will be a partnership)

- Find out why the client has come to the meeting. Use phrases such as "I see a wide variety of people from all over, how did you come to have this meeting with me?"

- Explain what the first meeting is all about, and 'where we hope to get to'. Check that the client agrees with the plan, "Does that sound ok to you?"

Choosing a behaviour to change

- Introduce the Health Benefit Cards on pages 17–18 and see page 9 for suggested script

- Generate a list of possible behaviours to change

- Ask the client to work out the costs and benefits (advantages and disadvantages) of changing their behaviour and, if necessary, the costs and benefits of not changing their behaviour (pages 25–27).

Goal setting

- Help the client to choose a general goal and fill in the general goal part of the Personal Health Guide (page 41)

- If appropriate, fill in the Health Behaviour Check with the client at this point (pages 19–23)

- Goal setting – explain the idea of SMART goals or the '4 Ws' to the client (pages 31–33) and ask them to fill in the specific goal section of the Personal Health Guide (page 41)

- Use the confidence ruler (pages 28–29) to check out how important the goal is to the client and how confident they feel about achieving it.

Planning behaviour change

- If their confidence is high, continue filling out the Personal Health Guide

- If their confidence is low, discuss with the client what the barriers to performing this behaviour are and possible strategies for overcoming them. If this is successful, repeat the confidence ruler, and then

continue filling in the Personal Health Guide. If confidence is low, ask the client to choose a new goal that they feel more confident about changing

- Ask the client to make some 'if-then' plans (see worksheet on page 54). **If** situation *Y* arises **then** I will perform behaviour *X*. 'If-then' rules require the client to specify exactly what they are going to do and when they are going to do it. E.g. "**If** it is a Tuesday afternoon **then** I will walk home from work."

- Once the Personal Health Guide is complete, plan with the client where and when they will monitor their behaviour using the Behaviour Change Diary (page 46). Explain to the client the rationale behind the Behaviour Change Diary.

Boosting confidence
- Give the client's confidence a boost (see section on Increasing confidence to change, pages 28–29).

Summarising and final checks
- Summarise the meeting (ask the client to summarise what they have learnt/done in the first meeting and what they are going to do before the next meeting)

- Ask the client if they have any questions or if there is anything else they want to say

- Ensure that the contract on the Personal Health Guide has been signed by both of you and that you have a copy each

- Explain what will happen in the next meeting

- Arrange the next meeting (aim for one week away but be flexible)

- Ask whether the client would like a reminder about the meeting the day before.

NB This is likely to take up to an hour and may require two meetings, depending on the client. If the client has not planned their behaviour change by the end of meeting 1, they could monitor one of their current behaviours in a diary for a week. Raising the client's awareness of their current behaviour can be an effective behaviour change technique in itself.

Meeting 2 – Reviewing the behaviour change

- Review the Behaviour Change Diary

- Describe what was recorded and praise the client for completing it and for any success

- If it wasn't filled in, find out why. Establish whether the client is having difficulties completing the diary, and problem solve together to come up with possible solutions. Encourage the client to think about what you have both learnt from this

- If the client didn't bring the diary back to the meeting, suggest that you fill it in together. Ask the client to summarise what they were working on and how they got on.

Now there are three options:

1. If the client has *achieved* their goal – set a new, slightly more difficult goal, or stay with what has been achieved to ensure progress is stable. Review the Personal Health Guide and build in rewards.

2. If the client has *partly achieved* their goal – build on their success. Ask the client "What would have to change for you to do more next time?" Identify barriers and situations in which the client may find it difficult to achieve or maintain change (pages 42 and 52) and brainstorm solutions, including possibly revising the goal. Identify facilitators (including social support) and encourage the client to make use of them. Use this information to revise the Personal Health Guide. Build rewards into the plan (page 36). Focus on what the client did achieve.

3. If the client *did not achieve* their goal – go back to goal setting and reduce or change the goal. Take joint responsibility for having set the goal too high. Revise the Personal Health Guide and build in rewards. Encourage the client to learn from any problems or setbacks. Focus on what the client did achieve, e.g. coming back to the second meeting.

NB Social support – it is important to introduce this concept to the client fairly early on. Explain to the client that they will find it easier to achieve their goals if they know one or more people they can talk to about their goals, and who will support and encourage them. Ask the client to think of someone who will praise their successes and help them think about how to solve problems.

Meeting 3 – Review meeting or building behaviour change into lifestyle

- Praise the client for attending the meeting

- Repeat first four steps of second meeting

- Discuss preparing for setbacks (see pages 52–53)

- "Everyone has times when it is difficult to do what they planned. Are there times when you find it difficult to achieve your goal?" If yes, "What are the difficulties?", "What would make it easier to deal with them?", "How could you avoid them?" Review or fill in the barriers, facilitators and difficult situations worksheets (pages 42 and 55)

- Building habits (pages 57–58) – create more 'if-then' plans to encourage the client to build their new behaviours into habits. Also create 'if-then' plans for dealing with situations in which the client is more likely to experience setbacks

- Check again that the client is getting enough social support and rewards for achieving goals

- Check whether the client wants occasional breaks from their plan and emphasise that they are in control. "Are there times when you want time out from your behaviour change plan?" If yes, "That's fine, you're making the decision, you're in control"

- Discuss with the client how they can review their behaviour change on their own. Give them a reminder sheet (pages 60–61). Give them two Behaviour Change Diary sheets.

Meeting 4 (and further meetings if needed). Aim for 2–4 weeks after the previous meeting. This could also be a telephone meeting – let the client decide.

- Praise the client for attending

- For those who have been successful:

  – Discuss building the behaviour change into their lifestyle and forming habits

  – Discuss building support, rewards and reminders into everyday life

  – Offer the possibility of a meeting one month from now

  – Both client and Health Trainer summarise the skills of behaviour change, and of how the client can become their own Health Trainer (pages 59–61)

  – If appropriate, ask the client to fill out a second Health Behaviour Check (for example, if the client is thinking about changing another type of health behaviour, or to demonstrate how their health behaviours have changed)

- For those who were unsuccessful:

  – Discuss the next step. For example, three more meetings taking an alternative approach, or signposting the client to an alternative service.

Meeting scripts

This section provides examples of how a Health Trainer could open and close each meeting with their client. The following scripts are examples and do not have to be followed rigorously on every occasion, but it is important to use questions in a similar style and to cover the main points. They can be adapted to meet your own purposes.

Opening the session

"Hello, my name is _____. I'm a Health Trainer. I'm here to work with you to help you make changes in everyday life to improve your health. Is that what you are expecting?"

"Is there anything particular you want to talk about?"

"Let me tell you a bit about how we will work together. Today we have about half an hour and at the end of that time I hope you will go away with a plan. We will then meet to see how you got on, and I would expect to see you a few times after that, depending on how it goes."

"We are going to talk about the things you do that affect your health, and the things that you could do to improve your health."

As you show the Health Benefit Cards

"Here are four behaviours related to health. Would you like us to start thinking about one of these?"

Discuss benefits of chosen behaviour

E.g. "People who eat healthy foods tend to feel better in themselves, don't get ill so often and tend to live longer."

"Is there anything here that you would be interested in changing?"

If not, establish what they want and signpost as appropriate.

Closing meetings 1 and 2

"What we've talked about today is…"

"We've made a plan of what you are aiming to do between now and our next meeting in a week. You will keep a diary and discuss how you got on."

"Do you have any questions?"

"Hopefully we've come up with a good plan but, whatever happens, do come back. Thank you for coming. I look forward to seeing you on_____ I hope you find what we have talked about today useful."

Opening second and third meetings

"It's good to see you again. What we plan to do today is to hear how you've got on and look at your diary, and then think about how we go forward from here. Have you got your behaviour diary?"

If they haven't got it
"Ok, let's fill it in now."

If they do have it
"Let's look at how you've got on."

"So your behaviour goal was ___ and you managed to achieve it on ___ days."

"What do you think about how you got on?"

"What I think you've done really well is…"

If the person has not made any progress
"I think you've done very well to come back today, it gives us the opportunity to see how we can do better this time."

Closing third meeting

"What we've done in this session is to set a goal like last time. What's different this time is that there will be a longer gap before your next visit. This will give you time to work on building your changes into your everyday life and routines. Our plan is for you to complete this Personal Health Guide and Behaviour Change Diary on your own this time. When you come back, we'll have a look at both of these."

"Do you have any questions?"

"Are you happy about what we are doing?"

Closing fourth meeting

"So would you like to go through what you plan to do from now on?"

"It sounds like you're well on the way to managing things for yourself."

"Is there anything you would like to say about our meetings and how things have gone?"

"It would be good to meet again and see how you're getting on. Shall we leave it that you contact me or shall I contact you again?"

"I want to say how impressed I am by how much you've managed to change your behaviour. Best of luck in the future."

How to assess clients

Changing behaviour is more effective if people are engaged in thinking about their own solutions and setting their own goals on the basis of these. The essence of the Health Trainer's approach is to help people decide how they would like to change and teach them skills to help them achieve their aim. This will require helping people to think through how their social and cultural circumstances can help or hinder change. We need to summarise what the client has said and check with them that we have correctly understood their points. The role of the Health Trainer is to teach clients the skills they need to actively set their own behavioural goals and manage their own behaviour, rather than simply 'telling' or giving advice. Behaviour change is most successful when the client decides if and what they want to change.[5]

Establish rapport

One of the first things to do when meeting a client for the first time is to establish rapport with them. Some simple tips include making eye contact, introducing ourselves and using the client's name (and checking how they prefer to be addressed). Consider the physical surroundings where the meeting is taking place. Is there privacy for the client?

Will the client have shared access to any notes or worksheets? The client's expectations of the session will also influence rapport. Therefore you need to find out what they were expecting, and to explain the role of the Health Trainer clearly, with particular reference to what the Health Trainer does and does not do (see meeting 1 script on page 9).

Communication skills

Use communication skills such as active listening to learn about the client and to find out about their cultural and social background. Active listening is not just about hearing what the client says, you need to check that you understand what the client is saying (see pages 12–14 for more details). Ask open questions (that is, questions that require more than a 'yes' or 'no' answer), for example, why have they come? What are their health needs? What are they hoping to get out of the sessions? How do they feel and think about themselves now? How would they like to think and feel about themselves in the future?

Change is not a smooth process

It is important that the client understands that successful behaviour change is not a smooth process and it takes time and effort. Encourage them to think of behaviour change as a long process, where they build on each small success, learning from any setbacks.

Unlikely — Old behaviour → New behaviour — As time goes on…

More likely… — Old behaviour → New behaviour — As time goes on…

Assessing current behaviour

The Health Behaviour Check can be used to assess clients' current health behaviours. When assessing clients' current behaviour, we need to be aware that current unhealthy behaviour may have cultural or social roots, for example, it is traditional to use ghee (which is high in fat) in some Asian dishes. These can be assessed further in the cost-benefit analysis and also when looking at barriers, facilitators and high-risk situations.

Encourage the client to set goals that are important to *them*

It is important to avoid jumping ahead and deciding on a goal for the client. If the client requires guidance about goals that would benefit their health, a partnership approach to goal setting should be taken. Whenever possible, clients should be encouraged to decide on their goal themselves. Remember to check and summarise everything the client says to you at regular intervals.

Finding out about your client

Don't just hear, understand

Active listening[6] is not just about hearing what the client says, you need to check that you understand what the client is saying.

Do you know what the client means?

Everyone has different ways of thinking and expressing their ideas and views. Don't take it for granted that you know what the client means, or what thoughts and beliefs are behind what they are saying. Repeat in a clear way what the client says to you, to check that you have understood them correctly.

Ask open-ended questions to get more information (see additional information on asking open-ended questions on pages 13–14), for example:

> **Client:** I would like to try and eat more healthily, but when I come home from work I can't be bothered to make a healthy dinner, so I just have a frozen ready meal.
>
> **Health Trainer:** So you would like to eat more healthy foods, but you find it easier to eat a ready meal when you come home from work. What kinds of things make it difficult for you to make a healthy meal after work?

Don't say "I'll tell you what to do…"

Try not to give advice or tell the client what to do. Just telling the client that they should change or asking them to agree with you is not the most effective way of changing behaviour. They may start thinking "They're not listening to me", or "They don't understand me, why should I do what they tell me?"

Here is an example of how giving advice may **not** motivate the client to change:

> **Health Trainer:** You need to reduce the fat in your diet. You should try to avoid fried food for a start.
>
> **Client:** But the kids won't eat anything if it doesn't come with chips.
>
> **Health Trainer:** Well chips aren't very good for them either, perhaps you could all eat more rice or pasta dishes.
>
> **Client:** Yes, but we're a very conservative family when it comes to eating. I can't afford to put food on the table that won't get eaten.
>
> **Health Trainer:** Well, perhaps you could start by eating more fruit and veg yourself to set a good example.
>
> **Client:** Well I know I should do that but…"[9]

Here is an example that avoids giving advice:

> **Health Trainer:** You mentioned that you would like to eat more healthily, what ideas have you had about eating different foods?
>
> **Client:** Well, I guess I should eat more fruit and veg.
>
> **Health Trainer:** Have you tried that in the past? Did anything different get eaten?
>
> **Client:** Yes, I started eating veg and fruit with every meal, I used to eat a banana with my breakfast, but it got more difficult after a while.
>
> **Health Trainer:** What kind of things made it difficult?

Helping the client to think about their health behaviours and what *they* are worried about, or what *they* believe, means that **it is the client who decides what is important and relevant to themselves, and which behaviour they want to change. This will make behaviour change and maintenance more likely to succeed.** Also, this avoids the 'yes, but…' pattern. If you come across this, it shows that you are giving advice rather than asking questions, boosting the client's motivation and facilitating goal setting and planning. If clients ask for direct advice, make sure that the client agrees with any suggestions you make.

Asking open questions

Open questions are questions that don't lead the client towards an answer. Ask questions that encourage the client to give you more information, i.e. questions that can't be answered with one word or yes/no (these are called 'closed questions'). Asking closed questions may suggest that you already know what the client is going to say.

Closed questions: Did that make you feel bad?

Do you want to change your eating habits?

Do you think smoking is good for you?

Is your diet unhealthy?

Open questions: How do you feel about that?

What would be the benefits of changing your eating habits?

How does smoking affect your life at the moment?

What do you think about your diet?

It is very important to give clients time to answer. Some clients may take time to think about things that are new to them – don't be afraid of silences.

Do

- Summarise your understanding of the client's thoughts and feelings

- Look and sound interested

- Keep eye contact and use positive body language*

- See things from the client's point of view (this doesn't mean that you have to agree with them)

- Ask open questions to get more information

- Be curious rather than intrusive

- Give the client time to think as well as talk

- Respond to what the client is saying rather than trying to lead the conversation.

Don't

- Interrupt or finish sentences

- Advise or tell the client what to do

- Disagree or contradict (raise alternative possibilities)

- Project your own beliefs or feelings onto the client

- Assume your experiences are the same as the client's

- Constantly repeat the same paraphrases, e.g. "it sounds like" or "you feel like"

- Pretend you understand if you don't. Ask for more explanation.

*Positive body language means using open and welcoming gestures and expressions, for example, smiling and looking at the client when they are talking. Avoid gestures and expressions that can be interpreted as defensive, aggressive or uninterested, for example, folding your arms, finger pointing and fidgeting.

Encouraging people to change behaviour

You will meet clients who don't initially think there's anything they want to change, but may feel differently after a conversation with you. Some people want to change but, because they can't see how to change, they don't feel able to make the first move.

There is a technique called motivational interviewing[5] that you can use to help clients decide if, what and how they want to change. The emphasis is on the client being in control and making decisions, with the Health Trainer encouraging and prompting them to explore their feelings and ideas around changing their behaviour.

Several sections in this handbook use ideas and techniques that are used in motivational interviewing, for example, the cost-benefit analysis (page 24). The *client* works out the advantages and disadvantages of changing their behaviour and the advantages and disadvantages of not changing their behaviour. How ready a client is to change can be assessed by the confidence ruler.

Health Trainer competences

This section is intended as a brief reminder of the importance of confidentiality and how the handbook relates to Health Trainer competences.

Confidentiality

Keep appropriate records but ensure that any confidential details (including those on computer) are kept securely and are accessible only to you, your client and your mentor.

Check that the room/venue you are using to meet your client has an acceptable level of privacy. Can your conversations be overheard? Are you in full view of other people?

Inform clients if any confidential information may be shared with colleagues or mentors, and only do this with the client's consent.

Enabling individuals to change their behaviour (HT3)

Local training arrangements will provide additional information, but here is a summary of how the competence HT3 can be cross referenced to the handbook.

This competence is about enabling individuals to change their behaviour so that they can improve their own health and well-being.

This competence relies on other earlier work with individuals.

- Help individuals to identify how behaviours affect their health
    - Health Behaviour Check (pages 19–23)
    - Health Benefit Cards (pages 17–18)

- Help individuals to develop Personal Health Guide (action plan)
    - SMART goals (pages 31–32)
    - Action planning (pages 39–40)
    - Personal Health Guide (page 41)

- Helping individuals to change and maintain behaviour
    - Behaviour Change Diary (page 44)
    - Preparing for setbacks and difficult situations (pages 52–56)
    - Building habits (pages 57–58)
    - Becoming your own Health Trainer (pages 59–60).

Thinking about changing behaviour

Choosing a behaviour to change and how to use the Health Behaviour Check

Completing a Health Behaviour Check helps people to think about their health, their behaviours and what changes they might like to make.

> "Health trainers will be able to offer people a health 'stock-take', to help them assess how their way of life might be impacting on their health and the sorts of changes that might be beneficial to them."

Choosing Health White Paper 5:19:109

The Health Benefit Cards can also help clients decide what behaviour they want to change by raising awareness about the benefits of changing health behaviours. However, the final decision about which health behaviour to change should rest with the client.

Pages 9–10 suggest a suitable script for introducing the Health Benefit Cards.

This handbook concentrates on four behaviours associated with ill-health: unhealthy eating, smoking, drinking too much alcohol and being physically inactive. The behaviour change techniques applied to these behaviours can be adapted and applied to other health behaviours (for example, adhering to medication, attending for screening, having children immunised).

The Health Behaviour Check provides a baseline (before any behaviour changes) measure of the current health behaviours of the client. This can be used to assess progress over subsequent meetings. This is important for the clients – they can see what they have achieved and it is also important for evaluating the effectiveness of the intervention.

Although the sample meeting structure (pages 5–9) suggests that the Health Behaviour Check is introduced during meeting 1, the Health Trainer is in the best position to decide when to introduce it for each client, and which sections need to be completed. If a behaviour change intervention is to be successful, the relationship between the Health Trainer and the client needs to be mutually respectful and trusting, and the client needs to be engaged. Introducing the Health Behaviour Check too early may have a negative impact on this relationship or the client's level of engagement. The Health Trainer should rely on their own judgement about when is the most appropriate time to introduce it.

Health Benefit Cards

The benefits of giving up smoking

Reduce the chances of getting lung disease and heart disease

Reduce the chances of getting cancer

Being able to run/walk without getting out of breath

Save money by not buying cigarettes

Clothes and breath will smell better

Sense of taste will improve

Skin will look better

Likely to live longer

Smoking is banned in most public places

The benefits of eating healthily

Reduce risk of heart disease and high blood pressure

Reduce chances of getting cancer

Having more energy

Might be ill less often

Might lose weight

Will have improved bowel health

Skin, nails and hair will look more healthy

The benefits of increasing physical activity
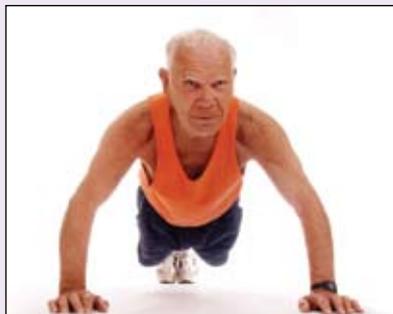
Reduce risk of heart disease, high blood pressure, osteoporosis, diabetes and obesity

Reduce some of the effects of ageing

Joints, tendons and ligaments will be more flexible

Help maintain a healthy weight by increasing metabolism (the rate we burn calories)

Can relieve stress and anxiety and make you feel happier

Increase energy and endurance levels

The benefits of drinking less alcohol

Reduce risk of heart disease and cancer

Less likely to have an accident

Less chance of embarrassing yourself on a night out

Liver more able to recover and repair damage

Save money on alcohol and taxis

Increase energy and concentration

Less likely to upset friends and family

Health Behaviour Check

General questions

Please fill in your contact details. This information will be kept confidential.

Name (or other identifier):..

Postcode:..

Your GP:...

Who suggested you might use the NHS Health Trainer service?....................................

(Name of person/practice/organisation): ....

For the NHS Health Trainer:

Date: ....

Name (of Health Trainer):...

Location: ....

Time of start of interview: ....

Time of end of interview: ....

This section asks you about things you do that affect your health and how you feel about your health:

a) How would you describe your health? (please tick the circle next to your answer)

Excellent ☐   Very good ☐   Good ☐   Fair ☐   Poor ☐

b) Do you agree with the following statement?

"I can prevent illness without the help of a medically trained professional."

Definitely ☐   Probably ☐   Not sure ☐   Probably ☐   Definitely ☐
yes   yes   no   no

What you do

These questions are about the time you spent being physically active in the last seven days.

Vigorous activities – these are activities that take hard physical effort. They make you breathe much harder than normal and may include heavy lifting, digging, aerobics or fast bicycling. Only count activities that you did for at least 10 minutes at a time.

Moderate activities – these are activities that take moderate (a medium amount of) physical effort. They make you breathe a bit harder than normal and may include carrying light loads, bicycling at a regular pace or walking at a reasonable pace. Only count activities that you did for at least 10 minutes at a time.

During the last seven days, on how many days did you do…	Days per week	Hours/minutes on a typical day	Estimated total hours/minutes for the week
Vigorous physical activities?			
Moderate physical activities?			

What you eat

Think back over the last week. On how many days did you eat fruit, vegetables, fried food and high fat dairy food? Fill in the table below.

Type of food	How many days in a week do you eat this kind of food?
Fruit (e.g. bananas, apples, mangoes, oranges, berries)	
Vegetables (e.g. carrots, broccoli, peas)	
Fried food (e.g. burgers, chips, fried chicken)	
High fat dairy food (e.g. cream, full fat milk, cheese, butter, ice cream)	

What you drink

1) Do you drink alcohol (including drinks you brew at home)?

☐ Yes   ☐ No (please go to Q2)

Looking at the table below, estimate the number of total units of alcohol you drank each day last week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Units							

What is a unit?

A unit is defined as:		
Half a pint of lager/beer or cider		A small glass of wine
A pub measure of spirit		A small glass of sherry, port or vermouth

Smoking (including hand-rolled cigarettes)

2) Do you smoke?

☐ Yes

☐ No (please go to Q8)

3) How many cigarettes per day do you usually smoke? If you don't smoke daily please say so.

.... cigarettes per day

4) How many cigarettes per week do you usually smoke?

.... cigarettes per day

5) Have you tried to give up smoking before?

☐ Yes (if yes, please answer questions 6 and 7)

☐ No (please go to Q8)

6) How many times have you tried to give up smoking?

.... times

7) When was the last time you tried to give up?

....

SOME QUESTIONS ABOUT YOURSELF

Please fill in a couple of questions about yourself.

8) Tick one box to say which best describes your situation

☐ In paid employment

☐ A full-time student

☐ A full-time homemaker/full-time parent

☐ Retired

☐ Long-term sick/disabled

☐ Unemployed

☐ Other, please specify

....

9) Which types of income do you receive? E.g. earnings from employment, Jobseeker's Allowance, Child Benefit

....

....

....

10) What describes your housing situation?

☐ Own your own home

☐ Renting

☐ Other, please state

11) Have you got any qualifications such as GCSEs/O levels, NVQs, A levels?

☐ Yes. Please specify ....

....

☐ No...

12) What ethnic group are you from?

White

☐ White British

☐ White Irish

☐ White Other

Mixed

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Other Mixed

Asian or Asian British

☐ Indian

☐ Pakistani

☐ Bangladeshi

Black or Black British

☐ Black Caribbean

☐ Black African

☐ Other Black

☐ Chinese

☐ *Any other group:* Please specify

....

....

23

Deciding to change

One way of helping the client to become more certain about trying to change is to do a cost-benefit analysis.[7] This involves the client working out the costs and benefits of not changing their behaviour, and also the costs and benefits of changing their behaviour. Again, it is important that you don't just tell the client what the advantages and disadvantages might be, this is something that they need to work out for themselves. Just telling them or asking them to agree with you does not motivate the client to change and may even be demotivating.

Help the client to fill in the table on Balance Sheet 1. This will encourage them to think through the advantages and disadvantages of their behaviour change. If the client can think of more disadvantages than advantages, move on to Balance Sheet 2 and discuss ways of reducing the disadvantages of behaviour change, and also the advantages and disadvantages of **not** changing their behaviour. Some clients may be surprised to be asked to list the advantages of a behaviour that is thought of as 'bad'; you could remind them that they wouldn't do the behaviour at all if there were absolutely no advantages in it for them.

By summarising this information, the risks involved in their behaviour are brought to the client's attention. See the Health Benefit Cards for summaries of some of the risks involved in unhealthy eating, smoking, excessive drinking and being physically inactive.

It is also important that the client has realistic expectations of what will happen if they change their behaviour. If a client has unrealistic expectations they will be disappointed and might experience setbacks when the reality of changing their behaviour doesn't meet their expectations.

Bear in mind that, when weighing up the advantages and disadvantages of changing a behaviour, it's not just the number of these that are relevant. The importance of each advantage and disadvantage needs to be taken into account. The client may have come up with four disadvantages and 11 advantages, but if one of the disadvantages is extremely important to them, the disadvantage side may be equally weighted with the advantages.

Ask open-ended questions to gain more information from the client about their responses.

Ask the client to think about what their life would be like if they didn't change and if they did change. Reinforce the disadvantages of not changing and the advantages of changing.

Notes on using the Balance Sheets with clients

- Emphasise **advantages** of behaviour change

- Emphasise **disadvantages** of no behaviour change

- Balance Sheet 1 concentrates on the advantages and disadvantages of changing behaviour. Balance Sheet 2 is intended as a follow-up exercise if the disadvantages of changing behaviour outweigh the advantages.

Balance Sheet 1

The area in which I am thinking about changing is (e.g. my smoking behaviour, my eating behaviour) ....

....

....

If I **DO** change my behaviour	
👍 👍 👍 👍 👍 👍	👎 👎 👎 👎 👎 👎

How certain are you that you want to change this behaviour?

On a scale of 1 to 10, how *certain (sure)* are you that you want to change this behaviour?

1 = Not certain at all   10 = Very certain

Circle a number on the line below

Not certain at all 1------2------3------4------5------6------7------8------9------10 Very certain

Balance Sheet 2

If you can think of more disadvantages than advantages of changing your behaviour, look at the disadvantages and discuss ways of reducing them.

Disadvantages of changing behaviour	Ways of reducing disadvantages
•	• ....
•	• ....
•	• ....

What are the advantages and disadvantages of NOT changing your behaviour?

If I DON'T change my behaviour	

How certain are you that you want to stay the same?

On a scale of 1 to 10, how *certain (sure)* are you that you want to stay the same?

1 = Not certain at all   10 = Very certain

Circle a number on the line below

Not certain at all 1------2------3------4------5------6------7------8------9------10 Very certain

Increasing confidence to change

Some people want to change but don't decide to change because they don't think they can do it.[14]

People with a **high** level of confidence in their ability to change are more likely to achieve their goals and are more likely to solve problems that get in their way.[15]

Therefore it is important to know how to measure a client's level of confidence in their ability to change behaviour, and how to increase it if needed.

People's confidence in their ability to change their behaviour can change depending on their situation and over time.

How to measure a client's confidence level

A useful tool for assessing confidence levels is the confidence ruler. When assessing the client's confidence about their goal or a small part of their goal, show them a scale numbered 1 to 10.[9]

> **Not confident 1----2----3----4----5----6 ----7----8----9----10 Very confident**

Ask the following question:

> "On a scale of 1 to 10, how confident do you feel that you can achieve this goal? If 1 was not confident and 10 was very confident, what number would you be at?"

If a client gives a score of less than 7, their level of confidence needs to be improved.

How you can increase the client's confidence in their ability

As the client's level of confidence plays such an important part in the success of behaviour change, it is important to help the client to increase it.

Making use of confidence scores[16]

Once the client has given you a score, you can use this number to get more information about how to improve their confidence. There are two types of question you could ask:

1. Why not a lower number? Ask the client why they chose that number rather than a lower number. Hopefully the client will explain why they gave themselves that score, and that will give you both some ideas to work on. For example:

> "You rated yourself as fairly confident that you'll be able to go to the gym twice a week, giving yourself a score of 5 out of 10. What helped you to score 5 rather than 1?"

> "Well, my friend Rob has agreed to come with me, and he's really good at encouraging me and he knows how to use all the equipment."

You could either find out more information about this supportive friend and how best to make use of him, or you could ask 'what else' questions to see if the client has any more ideas you could work with.

2. What would help you to be a higher number? Alternatively, you can ask the client how they think they could move up the scale. Ask questions to find out what the client would need to do, or what is stopping them from feeling more confident.

The following strategies can increase a person's sense of confidence in their own abilities.[17]

i) Remembering previous successes – discuss with the client any times in the past when they succeeded in changing their behaviour (even temporarily).

How did they do it? What was helpful?

The idea is to get the client thinking about what they've done in the past that worked, and to look at how they could try them again. Work out what skills the client already has, and (if necessary) how they can be improved. If the client can't think of any occasions on which they were successful, ask about change in any area of their life, e.g. learning to cook, or to play a sport or a musical instrument.

ii) Watching other people – seeing others successfully change their behaviour can increase a person's confidence in their own abilities, the 'if they can do it then so can I' idea. There is also the possibility that the client can pick up hints and tips for successful behaviour change by observing or talking to the person. Ask the client if they know of anyone who has been successful in changing their behaviour (preferably someone fairly similar to themselves), and if they know how they did it.

iii) Persuasion – support and encouragement from friends and family, and from the Health Trainer, can increase the client's level of confidence. Use positive language to encourage the client, e.g. "Together we can…" and "This is my job, I can help you do this." People who are good at boosting others' confidence not only give praise and encouragement, but also avoid putting the client in situations where they are likely to fail.

Have another look at importance

If the client gives themselves a low score on the confidence ruler, and seems reluctant to try any of the above strategies for increasing their confidence levels, perhaps it is time to have another look at the goal. Is this goal really important to the client? One way to check this is to ask the client. Use the confidence ruler, but phrase the question "How *important* is this goal to you?" If the client gives a low score for importance, did the client do a cost-benefit analysis for the original goal? It may be worth reviewing this and discussing with the client whether they still agree with their earlier decisions. You may need to go back to the Health Behaviour Check and find out whether any of the other goals that were discussed are more important.

Planning the behaviour change

Goal setting

The following flow chart summarises the goal setting process:
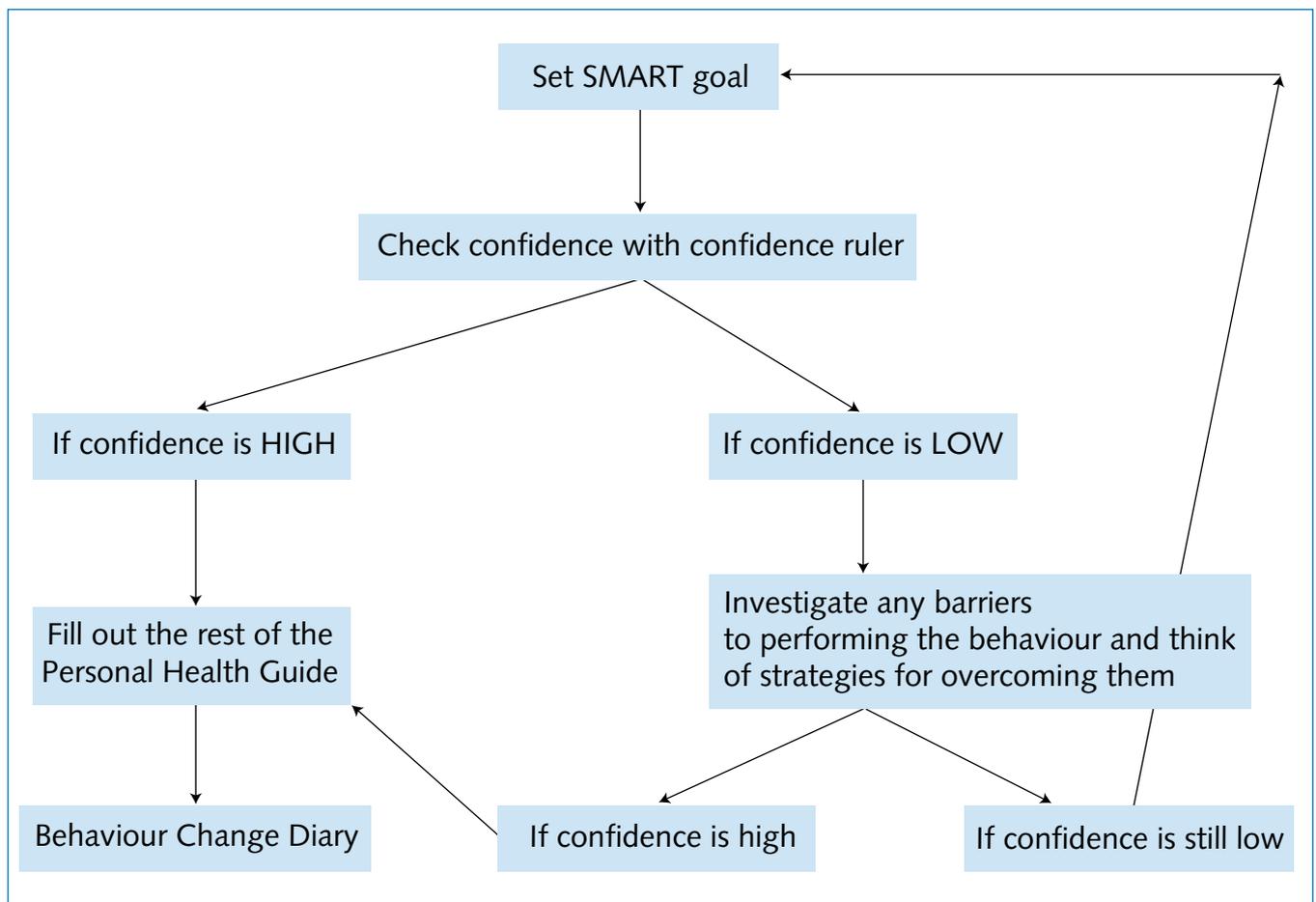
SMART goals

Once the client has decided upon a health behaviour they want to change, they need to set a goal to change their behaviour. Your role is to help the client set a goal that is detailed and likely to be achieved. Goals should be SMART, that is:

Specific

Measurable

Achievable

Relevant

Timely

Specific – some goals can be vague and difficult to measure. It is important to set goals that are clear and precise.[8] For example, a vague goal would be 'being fit and athletic', whereas a clear, specific goal would be "I will work out at the local gym for at least 30 minutes three times a week at 7pm on Monday and Thursday and 10am on Saturday." To help your client make their goal more specific, ask them questions such as:

What are you going to do?
How are you going to do it?
Where are you going to do it?
When are you going to do it?
With whom are you going to do it?

Measurable – making the goal specific means that it should be easy to measure whether or not the client has achieved their goal. The example above, "I will work out at the local gym for at least 30 minutes three times a week at 7pm on Monday and Thursday and 10am on Saturday," is measurable. The client can record the number of times they went to the gym in one week, and also how long they worked out for each time.

It would be hard to measure a vague goal like 'being fit and athletic'.

Achievable – set goals that are within the client's reach.[9] Failing to achieve a goal can have a negative effect on their motivation to work towards their goal. For example, an unrealistic goal could be 'eat no chocolate or sweets for the next seven days'. A more realistic goal could be 'eat no more than three portions of chocolate or sweets in the next seven days'. It is important to make the first goal quite easy to achieve to boost the client's self-confidence and encourage them to carry on. Clients should remember that the best way of changing behaviour and maintaining change is to build on small successes.

Relevant – does the client think that the goal is relevant to them? You will probably have covered this with the client during the Health Behaviour Check and the Health Benefit Cards. However, you need to check with your client that they see a clear link between their goal and their health or how they feel, and that it is a behaviour that they want to change. Look at the section on communication skills (pages 11–14) for further tips on this.

Timely – is this goal the right thing for them to try to achieve right now? If so, set a time frame in which the goal can be achieved. If you don't set a target date for the completion of the goal, it could go on and on without the client ever achieving it. For example, if your next session with the client is a week away, aim for the goal to have been completed by that time. If the goal requires a longer time frame, decide together whether there are any mini-goals that the client could achieve in time for the next session.

SMART goals

After having your Health Behaviour Check, you've probably decided on one type of health behaviour that you'd like to change. For example, you may have decided you'd like to do more physical activity. At this point you need to set your first goal. Goals need to be SMART:

Specific

Measurable

Achievable

Relevant

Timely

Specific – your goal needs to be clear and detailed, not vague. For example, a vague goal would be 'being fit and athletic', whereas a clear, specific goal would be "I will work out at the local gym for at least 30 minutes three times a week, 7pm on Mondays and Thursdays and 10am on Saturdays." Ask yourself the following questions:
What are you going to do?   **When** are you going to do it?
Where are you going to do it?   **With whom** are you going to do it?

Measurable – making the goal specific means that it should be easy to measure. The example above, "I will work out at the gym for at least 30 minutes three times a week" is measurable. You can record the number of times you went to the gym in one week, and also how long you worked out for each time. It would be hard to measure a vague goal like 'being fit and athletic'.

Achievable – try to set goals that are within your reach. If you set yourself a really hard goal and don't achieve it, it can make you feel bad and you may want to give up. Make your first goal quite easy to achieve and this can give your self-confidence a boost.

Relevant – is this an important goal for you? Is it a behaviour that you really want to change? You are much more likely to succeed in reaching your goal if you can see the important difference that changing this behaviour will make to your health.

Timely – is this the right time to try to achieve this goal? Give yourself a set amount of time in which to complete your goal. If you don't give yourself a target date, it's easier to keep putting off actually starting to change your behaviour, and you may never reach your goal. For example, if your next session with your Health Trainer is next week, aim to have reached your goal in one week. If you think your goal will take longer than a week, try breaking it down into 'mini-goals' so that you can achieve something each week. For example, if your goal is to eat five portions of fruit and veg a day, a mini-goal could be to eat at least one portion of fruit or veg each day.

ABC forms

At first (before)

Behaviour

Consequences (after)

To decide how best to change behaviour, it is important to understand what is maintaining the behaviour. Behaviour is maintained by what happens before (antecedents) and what happens after (consequences).

ABC forms can be useful in helping a client to figure out when they are more likely to do the desired behaviour (e.g. where, with whom, feeling like what…). The behaviour can be doing something (e.g. walking upstairs) or not doing something (e.g. not having a biscuit at the tea break).

On each occasion that they performed the desired behaviour, the client records the antecedent: that is, what they were doing, who they were with or what they were feeling before they performed the desired behaviour.

Next the client records the consequences of their behaviour: that is, what happened afterwards. What did they feel like? What did they do next?

An ABC form gives you and the client the opportunity to review people's patterns of behaviour – what situations make the desired behaviour more likely and what situations make the desired behaviour less likely. This information is very helpful in making action plans (filling in the Personal Health Guide), and in identifying situations that are difficult and make setbacks more likely (see Preparing for setbacks on pages 52–56).

Give the client a copy of the example ABC form as well as the blank ABC form (pages 34–35) to help them understand how it can be used.

Example ABC form

At first Before you did the behaviour: • What were you doing? • What were you thinking? • What were you feeling? • Who were you with?	Behaviour What did you do?	Consequences What happened after this? How did you feel?
I was feeling stressed because I was thinking about work.	I smoked a cigarette OR I wanted a cigarette but instead I took my dog out for a walk	I really enjoyed the cigarette, but felt guilty afterwards. Made my clothes and hair smell. I felt happy that I didn't give in, and I enjoyed spending time with my dog.

ABC form

At first	Behaviour	Consequences
Before you did the behaviour: • What were you doing? • What were you thinking? • What were you feeling? • Who were you with?	What did you do?	What happened after this? How did you feel?

Rewards

People don't often think of rewarding themselves with treats, but this is an effective way of changing behaviour.[18, 19] Adding a system of rewards into a client's action plan can have a positive effect on their motivation to change their behaviour, and on increasing the likelihood that the behaviour will occur. You may sometimes hear rewards referred to as positive reinforcement. This term means using rewards to increase the chance that a behaviour will be performed.

Clients aren't restricted to only rewarding themselves when they achieve a goal. This is especially important if their overall goal is long term. Encourage clients to reward themselves when they achieve mini-goals too.

What are rewards?

A reward can be anything that the client would value having or doing, e.g. praise or treats. Ask the client what kinds of things they would like as rewards for achieving mini-goals and main goals, and other little successes along the way. Rewards don't have to cost money. If the client can't think of any rewards, there are some examples in the boxes on page 37.

Clients could also 'save up' for rewards. For example, spend the money that they would've spent on cigarettes on a reward, or save £1 for every day they do some physical activity, and spend the money on a reward at the end of the week/month.

Warning!

Some types of reward could be **unhealthy**.

If a client is trying to change their eating habits, a reward of a chocolate bar every time they eat three or more portions of fruit and veg in a day would not be a good idea.

Encourage the client to choose rewards that would not affect their progress towards their goal.

Rewards – reminder sheet

Giving yourself little treats to reward yourself when you've made progress towards your goal can encourage you to keep going and make more progress. You don't have to wait until you've achieved your goal to reward yourself – remember that a big goal can be broken down into smaller mini-goals. Reward yourself for any mini-goals you reach, and any other small successes that you have along the way. Rewards don't have to cost money, but you can also 'save up' for rewards. For example, save £1 every time you do some physical activity, then at the end of the week or the month spend the money on a reward for yourself. If you can't think of many rewards, here are some examples:

Rewards that don't cost money

- Having a nice relaxing bath
- Borrowing a book or magazine
- Inviting friends round
- Having some 'me' time when you can do whatever you want to
- Listening to music
- Going for a walk
- Watching your favourite TV programme
- Doing some gardening
- Asking friends or family to look after your children so you can have some time for yourself
- Asking friends or family to notice and praise you when you have achieved something.

Rewards that cost money

- Buying yourself a CD/magazine
- Buying yourself new clothes
- Going to the cinema
- Buying yourself flowers
- Buying yourself sports equipment
- Going to a football match
- Going out for a meal
- Renting a DVD
- Booking a holiday or weekend break
- Buying yourself some perfume/aftershave.

Warning!

Try not to choose rewards that are unhealthy. For example, if you are trying to eat more healthily, rewarding yourself with a bar of chocolate every time you eat five portions of fruit and vegetables is not a good idea.

Rewards – client worksheet

Use the table below to make a list of things you could reward yourself for, and what those rewards could be.

Things I will reward myself for	What will be my reward for this?

Action planning

Behaviour change is helped by a detailed action plan of how clients are going to change their behaviour.[10]

> **What** are they going to do?
>
> **Where** are they going to do it?
>
> **When** are they going to do it?
>
> **With** whom are they going to do it?

'If-then' rules[23, 24]

'If-then' rules (**if** situation *Y* arises **then** I will perform behaviour *X*) can be used to help the client remember to do their new behaviour. The situation becomes a trigger, or reminder, to perform the behaviour. For example, "**If** it is a weekday morning, **then** I will prepare a healthy lunch to take to work." It requires you to specify exactly what you are going to do and when you are going to do. The idea is that eventually the behaviour will become automatic, a habit, so that, for example, the act of getting dressed for work in the morning will prompt you to prepare a healthy lunch. Encourage the client to make a list of 'if-then' plans using the worksheet on page 54.

Barriers and facilitators

In order to achieve goals, it is important to think what may make it difficult for clients to achieve their goal (barriers) and what will make it easier for them to achieve their goal (facilitators). Ask the client to fill in the barriers and facilitators worksheet which is on pages 42–43.

Barriers, for example:

• Lack of facilities/equipment

• Unsupportive friends/relatives

• Situations that make it especially difficult to perform the behaviour.

Discuss any barriers with the client and together come up with possible solutions to them. For example, a client wants to increase the amount of physical activity they do, but there is no one else available to look after their children while they exercise. However, if the type of physical activity they choose could include their children (for example, cycling together, playing in the park, walking to the shops), it is no longer a barrier. Situations that are likely to cause setbacks for the client are also barriers. For example, a person trying to give up smoking may find that when they drink alcohol it is a high-risk situation as they feel really tempted to smoke. Ask the client to think of any situations where the risk of a setback would be high, and together think of some strategies for managing them. For example, going to a place where smoking is banned, or asking friends not to smoke around you.

Facilitators, for example:

• People who encourage/prompt the client

• Having access to facilities, for example, local sports centre, internet access in local library, local smoking cessation services

• Reminders or situations that can trigger the client to do the behaviour.

These include anything that makes it easier for the client to perform the behaviour. Establish with the client what is likely to encourage the behaviour. Does the client already do the behaviour? What actions, reminders or situations trigger this behaviour? What can the client do to increase these positive reminders?

Getting support

Planning where the client can get support for their behaviour change is also important.[13] Ask the client to think of people who are likely to be supportive and encourage them to change. Together think of ways that the client can get the most benefit from these people, for example, spending more time with them, having a specific person to phone when they need encouragement. The community can also be a source of support, for example, self-help groups, exercise/sports teams, smoking cessation services. Help the client to identify any useful sources of support and encourage them to use them.

Contracts

At each meeting, complete a Personal Health Guide and ask the client to complete their own copy that you both sign. This is a behaviour change 'contract' – making contracts has been shown to help people stick to their action plans and achieve their goals.[26]

Mini-goals

Once the client has filled in their Personal Health Guide, help them to work out what their mini-goals could be. For example, if their main goal is to be able to walk to and from work three days a week, a mini-goal could be walking to and from work on one day a week. Use the client worksheet in the Rewards section to list possible mini-goals and rewards. Not having to wait until they've achieved their main goal to get a reward can encourage the client to persist with their behaviour change.

It is important to remember that the Personal Health Guide should be reviewed regularly and revised in the light of experience. Clients should be told that they won't necessarily stick to their first plan, but their experience of trying to do this will give very helpful information that can be used to revise the plan to make it work better for them.

Personal Health Guide

My general goal is: ....
....
....

My specific goal
What am I going to do? ....
....

My action plan
Where am I going to do it? ....
....
When am I going to do it? ....
....
With whom am I going to do it? ....
....

How will I know how I'm doing?
It is important to measure and record your progress, so you can be motivated when you see
that you are succeeding, and to work out what you can change if your plan is not working.
What will I record in my diary?
....
When will I record it?
....
Where will I keep my diary?
....

Client contract	**Health Trainer contract**
I will do the behaviour (as explained in the My specific goal section) and bring my behaviour change diary to the next meeting.	I will discuss with you your Behaviour Change Diary and how you got on when you bring it back at the next meeting.
Client signature	Health Trainer signature
....	....
Date	Date ....

Date and time of next meeting:

Barriers and facilitators

Unhelpful things/barriers:

a) **Places and things.** Is there anything about the things around me or the places I am in that makes it difficult to do this behaviour? What can I do to change this?

....

....

....

....

....

b) **People.** Are there any people I spend time with who make it difficult to do this behaviour? What can I do to change this?

....

....

....

....

....

c) **Thoughts and feelings.** Is there anything that I am thinking or feeling that makes it difficult to do this behaviour? How can I overcome these things?

....

....

....

....

....

Helpful things/facilitators:

a) **Places and things.** Is there anything about my physical surroundings that makes it easier to do this behaviour? What can I do to use these helpful things?

....

....

....

....

b) **People.** Are there any people I spend time with who make it easier to do this behaviour? How can I ask them to help me?

....

....

....

....

c) **Thoughts and feelings.** Is there anything that I am thinking or feeling that makes it easier to do this behaviour? How can I encourage these thoughts and feelings?

....

....

....

....
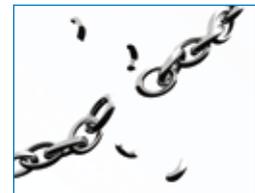
Recording and reviewing behaviour change

The Behaviour Change Diary

Self-monitoring

It is important that clients measure and record their progress.[11] This can motivate them when they see that they are succeeding,[12] or tell them something may be wrong with the plan if they aren't succeeding. Examples of self-monitoring include making charts, records and diaries. People can often underestimate or overestimate how successfully they are changing their behaviour – such as underestimating the number of unhealthy foods eaten or overestimating the time they spend exercising. Self-monitoring gives people a realistic picture of their health behaviour. Behaviour change is usually 'up and down' rather than smooth progress; looking back at past records can help people keep going during any 'down' phases. The Behaviour Change Diary will help clients to monitor their behaviour.

This diary can be used for three purposes:

1. To keep a record of behaviour before change is planned. This can be useful for people who are not sure what changes to make. Just recording behaviour (for example, number of biscuits eaten a day) can help to change it in a desired direction (as a behaviour change technique, this is called self-monitoring[11, 12]).

2. When a goal has been set, the diary is used to record behaviour to see whether it is changing in the desired direction.

3. Using the diary can make people more aware of when they succeed, or don't succeed, in achieving their desired behaviours (for example, what situations, times of day, associated feelings etc.). This can help inform future action planning to make behaviour change easier.

An example of a behaviour change diary is provided on page 48. It is designed to help the client to keep an accurate record of their behaviour. The comments column may be a useful tool for you and the client to judge how difficult they are finding it, and what could make it easier. Develop an action plan in advance for where and when to write the diary.

Is the client using their diary?
Encourage the client to bring the diary to every meeting. Emphasise to the client that if they haven't filled it in, bring it anyway, and you can fill it in together in the session and discuss ways of making it easier to fill in. During the session, explain the problems of trying to remember the past week and the types of inaccuracies that are likely, e.g. forgetting successes, especially if they are not feeling optimistic on that particular day. If the client doesn't fill it in or bring it with them, find out why. Is there a literacy problem?

Does the client feel that they don't have enough time? Does the client not like writing? Is the goal important enough to them? Did the client not have a plan for completing it? Try problem solving these issues together. Perhaps the client could record their progress on their mobile phone if they have one. Can they get family or friends to help them fill it in? Before the end of the first session, check that the client understands how and when to fill the diary in.

Review the diary in each session
Review the diary at each meeting. Praise the client for filling it in and remind them why it is useful. Ask them what they think about what they did, and then look at it together. Ask the client to talk about what was recorded and make sure you praise something that they have done, however small, to boost their motivation and level of self-confidence.

What can the diary tell you?
How successful the client was in achieving their goal will determine where you need to go next, and the Behaviour Change Diary is a useful indicator of this. For example, do you need to change the goal or change the Personal Health Guide? (See page 40.)

Using the Food Diary, the Physical Activity Diary, the Smoking Diary and the Alcohol Diary
If a client is uncertain whether they want or need to change their behaviour, simply recording what they eat, do, smoke or drink every day may raise the client's awareness of their current behaviour. This can be an effective behaviour change technique in itself.

For example, clients who think they eat enough fruit and veg may find that recording everything they eat in a week helps them to get a more realistic picture of their eating habits. They may have been overestimating the amount of healthy food they eat, or underestimating the amount of unhealthy food they eat.

The following pages contain a Food Diary (page 47), a Physical Activity Diary (page 48), a Smoking Diary (page 49) and an Alcohol Diary (page 50). They are fairly simple and can easily be altered to help the client record the behaviour of their choice.

These diaries can be reviewed in a similar way to the Behaviour Change Diary:

• Check if the client is using their diary. If not, what is making it difficult? Brainstorm solutions

• Praise the client for filling the diary in and remind them why it is useful

• What can the diary tell you?

• What does the client think the diary can tell them about their behaviour?

Behaviour Change Diary

My goal is ....

Date	What? (as in Personal Health Guide) (Fill this part out with your Health Trainer before you leave)	Did you do it? ✓ Yes **X** No **P** Partly	Comments What made it easy? What made it difficult?
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Food Diary

Use this diary to record what you have to eat and drink every day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Mid-morning							
Lunch							
Mid-afternoon							
Evening meal							
Supper							

Physical Activity Diary

Use this diary to record any physical activity you do throughout the week – this includes things like walking, using the stairs instead of the lift or carrying light loads as well as sports and going to the gym. Write down how long you do these activities for.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Smoking Diary

Use this diary to record how many cigarettes you smoke throughout the week – writing in the diary each day will be easier than trying to remember how many you smoked at the end of the week.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Alcohol Diary

Use this diary to record the alcoholic drinks you have throughout the week – don't worry if you don't know how many units are in your drinks, write down what you had to drink and how much you had (for example, 2 pints of lager) and your Health Trainer can help you work out the number of units.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Reviewing behaviour change

This section provides a brief outline of the main points that need to be considered when reviewing behaviour change with a client. These points are covered in more detail in the sample meeting structure (pages 5–9) and using the Behaviour Change Diary (pages 44–45).

Reviewing the Personal Health Guide and Behaviour Change Diary

Reviewing the Personal Health Guide and the Behaviour Change Diary involves finding answers to the following questions:

- What was tried (and what was the goal)?

- With what effects (and did the client achieve any success)?

- What benefits were there?

- What difficulties were there?

- How did the client manage any difficulties?

- Were there any problems filling in the Behaviour Change Diary? How could these be solved?

- How confident is the client that they can achieve their goal?

- Is the client getting enough support?

- What have the client and the Health Trainer learnt that could be useful when filling in future Personal Health Guides and Behaviour Change Diaries?

- Does the SMART goal or Personal Health Guide need changing? (This will depend on the review.)

NB Praise any success – make sure you praise something that the client has done, however small, to boost their motivation and level of self-confidence. This could include any progress made towards their goal, attending the meeting, filling in their Behaviour Change Diary or learning more about what they find difficult. Praising the client may also improve your relationship with them and make communicating easier. Remind the client that successful behaviour change is a long process, and we need to build on each small success, learning from any setbacks.

Maintaining behaviour change

Preparing for setbacks

Changing behaviour is the first step; the next is to maintain that change.

Successful change is not a smooth process, it doesn't go in a straight line.
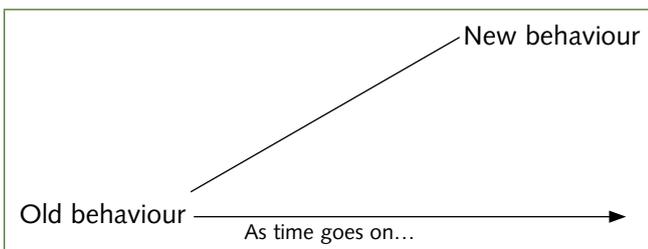
Successful change is more about ups and downs. People will experience setbacks along the way, but they can learn from these setbacks and this can help them to progress.
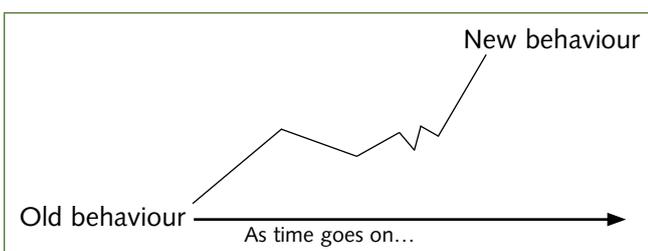
Setbacks

Everyone has setbacks from time to time, and it is important to explain this to the client early on. Encourage clients not to get disheartened when they experience setbacks, but rather to see them as an opportunity for learning.[20] It will help the client to find out which situations are likely to lead to setbacks and which strategies are most helpful for them. There are two main strategies for reducing setbacks.

The first is to avoid 'risky' situations, for example, going shopping when you are hungry may encourage snacking and buying unhealthy food. The second is to develop ways of 'coping' when you find yourself in a 'high-risk' situation, for example, carry a banana in your bag to eat if you are tempted by an unhealthy snack. If the client is finding it difficult to remember triggers and strategies, they could try filling out an **A**t first **B**ehaviour **C**onsequences form. ABC forms can help the client work out what triggered a behaviour by thinking about how they were feeling/what was happening *before* they had a setback (at first), what the setback was (behaviour) and what happened as a result of that setback (consequences). See pages 34–36 for an example of an ABC form and more information about how to fill this in.

'High-risk' situations and 'if-then plans'
'High-risk' situations are those in which it is especially difficult to perform the desired behaviour. By thinking in advance about what clients' 'high-risk' or difficult situations are, they can plan in advance to avoid them, or to develop coping strategies when they happen.[22] For example, clients may recognise that they are more likely to smoke when they are bored or stressed. They should be encouraged to think when these times might be and work out a plan for an alternative behaviour than smoking in these situations, for example, go for a walk, phone a friend.

Encourage the client to make 'if-then' plans.[23] 'If-then' plans specify when, where and how a client will perform goal-directed behaviours. Clients use 'if-then' rules. '**If** situation **y** arises **then** I will perform behaviour **x**.' 'If-then' plans are much more specific than behavioural plans.[24] For example, a behavioural plan about avoiding the temptation to eat unhealthy food might be:

"I will not go to the chip shop at lunchtime."

However, an 'if-then' plan might be:

"**If** I feel tempted to go to the chip shop at lunchtime **then** I will ring my sister for some suggestions for a healthy lunch."

An 'if-then' plan requires you to specify exactly what you are going to do and when and the situation you are going to do it in. They have been shown to be very effective in changing behaviour. The worksheet on page 56 has a 'difficult situations and how I will cope with them' table. This should be reviewed regularly to check if the high-risk situations have altered or increased, and whether or not the coping strategies are successful.

Things you could do if your client has had a setback:
- **Review the goal** – look at the goal that was set. Was it realistic? If not, try setting another goal that the client will find easier to achieve. Agree that you set the goal too high before.

- **Barriers and facilitators** – were there barriers that the client hadn't thought about? If so, the Personal Health Guide needs to be changed. Were there enough facilitators built into the Personal Health Guide?

- **ABC form** – filling out an ABC form can help the client to work out what triggers and underpins setbacks.

- **Self-monitoring** – is the client still recording their behaviour? If they've stopped, it's easy for them not to realise why the setback has happened. Talk about what is making it difficult for the client to record their behaviour, and together come up with ideas that could help.

- **Difficult situations** – review or fill in the difficult situations table (page 56). Use the statement 'if I come across **x** (risky situation) I will do **y** (coping strategy)' to help the client think of alternative coping strategies (anything they can do or think to help them stay on track).

- **Support** – check that your client is receiving enough support from friends, family and community. Talk about ways of getting more support, and provide information on the types of support available from the community.

- **Being realistic**[21] – as well as having realistic goals, it's important that your client has realistic ideas about how their life will be different if they change their behaviour. If the real life results of changing their behaviour don't meet their original expectations, clients can become disappointed and feel like all their hard work has not been worth it, and give up their new behaviour.

- **Rewards!** – it is important that your client rewards themselves when they achieve things like mini-goals. These rewards can give clients something to aim for, and can boost their motivation – encouraging them to keep going.

Difficult situations and 'if-then' plans

Difficult situations

• Are there any situations that you can think of that could make it especially difficult for you to perform the behaviour? A time or a place or a feeling that might tempt you to go back to your old behaviour?

For example: on a Sunday night I get really stressed thinking about work on Monday, and I *really* want a cigarette.

Make a list of your difficult situations:

....

....

....

....

....

....

....

Now make some plans for how to avoid these situations or make them more manageable. For each difficult situation, think of something you could do that would lower the chance of it interfering with your planned behaviour.

For example, **if** on a Sunday night I'm feeling stressed, **then** I will have a nice long bath and listen to some relaxing music instead of having a cigarette.

Fill in the table below with your difficult situations, and for each one, make an 'if-then' plan for coping with it.

Difficult situations If...	How I will avoid or cope with them Then...
• .... •	• .... • ....

Dealing with setbacks

Everyone makes mistakes

Don't be too hard on yourself. It's not the end of the world. It's unlikely that you've forgotten everything you learnt while you were changing your behaviour. Look at this as a warning sign.

Organise a session with your Health Trainer to review your goals and Personal Health Guide. It will help you to work out where things were going wrong and what you could change. You might think of some new ideas that can help you keep on track.

Are you still recording your behaviour?

If you stopped recording how often you do or don't do your new behaviour, it's easy not to realise that you're slipping away from your goal.

Think about what is making it difficult for you to record your behaviour. Can you or your Health Trainer think of things that could make it easier for you?

Difficult situations and triggers

Are there certain

- times or

- places, or

- or people in whose company

you feel the temptation to perform your old behaviour? It might help you to look back at the list of high-risk situations that you made in your action plan. Have any of the situations changed? Are there more now? Do some coping plans work better than others?

For example: a difficult situation if you are trying to eat healthily could be:

- When I watch TV, I feel tempted to snack on crisps and chocolate.

Instead of snacking on crisps and chocolate you could:

- Have a snack of fruit or raw chopped veg

- Switch the TV off and go for a walk/have a bath etc.

Support – are you getting enough?

Are you getting enough support from your friends, family and your community?
If the answer is **no**, think about the following questions:

- Are there certain people who are good at helping me to keep up my new behaviour? If yes, can I spend more time with them/ speak to them more often?

- How can the community help? Do you have any local support groups that you can go to? Does your local library have any information that you need? Is there an online chat room (these are message boards on the internet) where you could go for support?

Am I being realistic?

If you expected the results of changing your behaviour to be too fantastic, when the real results didn't match your expectations, you may have become disappointed and decided that all the effort of changing your behaviour wasn't really worth it. Having realistic expectations of what changing your behaviour will do for you means that you will be much more satisfied with the results. And remember, one step at a time!

Being realistic = more satisfaction = more likely to keep up new behaviour.

Rewards!

Remember, giving yourself little treats to reward yourself when you've made progress can encourage you to keep going. Make a big deal of it when you achieve any mini-goals, you've worked hard, you deserve it!

• Rewards don't have to cost money.

You could make a list of rewards that you would really like, so that you've got some ideas ready for when you achieve your mini-goals/have worked really hard.

Building habits

Once a client has successfully changed a behaviour, the next stage is to maintain this behaviour and continue it into the foreseeable future. The new behaviour needs to become part of their lifestyle, an automatic habit that doesn't require effort or thinking.[25]

'If-then' rules

As well as helping the client to avoid and cope with difficult situations, 'if-then' rules (**if** situation **y** arises **then** I will perform behaviour **x**) can be used to help the client remember to do their new behaviour. The situation becomes a trigger or reminder to perform the behaviour. For example, "**If** it is a weekday morning, **then** I will prepare a healthy lunch to take to work." It requires you to specify exactly what you are going to do and when. The idea is that eventually the behaviour will become automatic, a habit, so that, for example, the act of getting dressed for work in the morning will prompt you to prepare a healthy lunch. Encourage the client to make a list of 'if-then' plans using the worksheet on page 58.

Support

Check that the client is continuing to use the support they can get from friends, family and the community. Positive support and encouragement can act as a reward and increase the frequency with which the behaviour is performed.

Repetition

Simply by repeating their new behaviour over and over it is more likely to become a habit. The more frequently a client performs the behaviour, the less time they spend deciding whether or not to do it and thinking about why they are doing it. As the client repeats the behaviour many times, it takes less conscious effort and attention, and then becomes a habit.

Rewards

If the client continues to reward themselves for achieving their goals and mini-goals, this will act as positive reinforcement and encourage them to continue repeating their new behaviour. The strength of their habit will be increased.

Reviewing progress, benefits and outcomes

Encourage the client to look back at what they have already achieved. Reinforce the benefits that changing their behaviour has had or will have. Remind the client of the skills they have acquired. The fact that they have achieved behaviour change before should increase their confidence that they can do it again.

Building habits: 'if-then' plans

Doing the behaviour

Your Health Trainer will have explained **'if-then' planning** to you (if situation **y** arises then I will do **x**). Make a list of some 'if-then' rules that could help you and remind you to do your new behaviour.

For example, **if** I am buying a sandwich at work **then** I will also buy a piece of fruit.

- If ....
  then ....
- If ....
  then ....
- If ....
  then ....
- If ....
  then ....
- If ....
  then ....
- If ....
  then ....
- If ....
  then ....
- If ....
  then ....
- If ....
  then ....

Becoming your own Health Trainer

For those clients who have successfully changed and maintained a behaviour, the next stage is taking the skills they have acquired and applying them to other areas of their lives and other behaviours they want to change.

The Health Trainer's role at this point is to persuade the client that they are capable of becoming their own Health Trainer. The client now has the appropriate skills and experience to change a behaviour and to maintain the change successfully.

Together with the client, summarise what the client has achieved and what they have learnt.

Give the client a few copies of relevant worksheets. These should include a Health Behaviour Check, a SMART goal worksheet, the Personal Health Guide, the Behaviour Change Diary and the Becoming your own Health Trainer sheet, together with any other worksheets you think they would find useful (or that the client wants).

The main points a client needs to know to become their own Health Trainer are:

• How to decide on a behaviour to change and weigh up how important it is to them (cost-benefit analysis, confidence ruler)

• How to set a SMART goal and fill in a Personal Health Guide

• How to keep and review a Behaviour Change Diary

• How to revise a Personal Health Guide

• Reminders about rewards, support, barriers and facilitators.

Becoming your own Health Trainer

You have successfully changed and maintained a new behaviour. The next stage is to take the skills that you have learnt and apply them to other areas of your life and other behaviours that you want to change. This sheet is a summary of the main points of behaviour change to help you remember all the skills you have learnt so far.

Deciding on a behaviour to change

You could fill in the Health Behaviour Check again. If you can't decide whether or not you want to change a particular behaviour, it may be helpful to think about the benefits (good things that will happen) if you change your behaviour and the costs (less good things that will happen) if you change your behaviour (you could use a table like the one below).

If I DON'T change my behaviour		If I DO change my behaviour	
Advantages	**Disadvantages**	**Advantages**	**Disadvantages**

Setting yourself a goal and filling in a Personal Health Guide

Your goal needs to be **SMART**, not vague. For example, a vague goal would be "I'm going to drink less," a specific goal and plan would be "**If** I go to the pub on a weekday **then** I'm only going to drink one pint of lager."

Use the **SMART** goal sheet to check whether your goal is:

Specific, **M**easurable, **A**chievable, **R**ealistic and **T**imely.

To check how confident you are that you can achieve this goal, use the confidence ruler to score your confidence out of 10:

Not confident at all 1----2----3----4----5----6----7----8----9----10 Very confident

If you score **7 or more**, fill in your Personal Health Guide.

If you score **less than 7**, you might need to think about what things may be making it difficult for you to do this behaviour, and how you can solve these problems. Ask yourself the questions in the box on the next page.

Unhelpful things/barriers

a) **Places and things.** Is there anything about where I am or what is around me that makes it difficult to do this behaviour? What can I do to change this?

....

....

....

b) **People.** Are there any people I spend time with who make it difficult to do this behaviour? What can I do to change this?

....

....

....

c) **Thoughts and feelings.** Is there anything I am thinking or feeling that makes it difficult to do this behaviour? How can I overcome these things?

....

....

....

Once you have answered those questions, check your confidence level on the ruler again. If you score 7 or more, fill in your Personal Health Guide. If you score less than 7, think about setting yourself a slightly easier SMART goal.

Reviewing progress

If you have not arranged another appointment with your Health Trainer, make sure you set yourself a time limit for when you are going to review your progress.

- Make sure you have a plan of where and when you are going to fill in your Behaviour Change Diary.

- Regularly review your Behaviour Change Diary and Personal Health Guide: look back at your diary and think about what you have achieved.

If you were successful on every occasion, you could either continue with the same goal again next week, or set yourself a new, slightly harder SMART goal, and fill out a new Personal Health Guide.

Even if you didn't achieve your goal on every occasion, you will probably still find examples of when you were successful. Look at the times when you made some progress towards your goal – did you do anything differently or did you feel different compared with those times when you weren't as successful? Were there any people/places/things/feelings that made it easier to do your goal behaviour? Is there any way you can make more use of these helpful things?

If you are finding it too difficult to do your goal behaviour, think about what people/ things/places/feelings are making it difficult for you. Can you change any of these to make it easier? If not, try setting yourself a slightly easier SMART goal, and fill out a new Personal Health Guide.

Remember:

- Reward yourself when you achieve parts of your goal as well as all of your goal.

- Make sure you are getting enough support and you are using it.

Summary sheet

Stage 1:   Choose a behaviour to change (do a Health Behaviour Check)

Make a costs and benefits table if this is difficult

Stage 2:   Set a SMART goal

Check how confident you are that you can achieve it (use confidence ruler)

If you score 7 or above:	If you score below 7:
• Fill in a Personal Health Guide (stage 3)	• What might make it difficult? • How can you overcome this? • If you can't, set yourself an easier SMART goal • If you can, fill in a Personal Health Guide (stage 3)

Stage 3:   Fill in a Personal Health Guide

Stage 4:   Make an action plan for when and where you will fill in your Behaviour Change Diary

Stage 5:   Set a time limit – when are you going to review your diary?

Stage 6:   Review your Behaviour Change Diary

Successful	Partly successful	Less successful
• Try the same goal again • Or set yourself a more difficult SMART goal	• What was different on days when you made some progress? • How can you make use of this information? • Try the same goal again	• What's making it difficult? • How can you make it easier? • Set yourself an easier SMART goal

References and theoretical explanations

This section contains the references from the main text in the handbook. You do not have to read everything in this section. However, if you are interested in a particular topic, or want more information on the research that supports the handbook, the references and further explanations are included here.

Introduction

[1] Mokdad, A.H., Marks, J.S., Stroup, D.F. and Gerberding, J.L. (2004). Actual Causes of Death in the United States, 2000, *Journal of the American Medical Association,* 291: 1238–1245

[2] Bandura, A. (1997). *Self-efficacy: The exercise of control.* New York: Freeman

[3] Department of Health (2004). *Choosing Health: Making healthy choices easier*

[4] Department of Health (2006). *Our health, our care, our say: A new direction for community services*

[27] Michie, S. and Abraham, C. (2004) (eds). *Health Psychology in Practice*. London: BPS Blackwells

[28] Durantini, M.R., Albarracin, D., Mitchell, A.L., Earl, A.N. and Gillette, J.C. (2006) Conceptualizing the influence of social agents of behaviour change: A meta-analysis of the effectiveness of HIV-prevention interventionists for different groups. *Psychological Bulletin*, 132(2), 212–248

Durantini et al conducted a meta-analysis to test theoretical predictions about the effects of experts, lay community members, and similar and dissimilar others as agents of change.

"These findings support the hypothesis that unempowered populations are more sensitive to characteristics of the interventionists who can facilitate access to various resources. In addition, they suggest the need to ensure the availability of health professionals from diverse demographic and behavioural backgrounds."

How to assess clients and encouraging people to change

[5] Rollnick, S. and Miller, W.R. (1995). What is Motivational Interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325–334

Motivational interviewing is a concept that was developed by William Miller and Stephen Rollnick, and as such is best defined in their own words:

"Motivational interviewing is a directive, client-centred counseling style for eliciting behaviour change by helping clients to explore and resolve ambivalence."

The main points of motivational interviewing are summarised below (adapted from Rollnick and Miller)

- *Motivation to change is elicited from the client, and not imposed by the Health Trainer.* The spirit of motivational interviewing is not to coerce the client into changing by threatening or confronting them. The Health Trainer helps the client to identify what their goals are, rather than telling them what they should be.

- *It is the client's task, not the Health Trainer's, to explain and resolve his or her ambivalence (uncertainty).* The client may be uncertain whether they want to change their behaviour or not, their current behaviour has advantages and disadvantages to it as does a change in their behaviour. The client may not have had the chance to express these conflicting thoughts and emotions before, and the Health Trainer's role is to help them to express them, and guide the client towards a resolution that may trigger change.

- *Direct persuasion is not an effective method for resolving ambivalence.* It is tempting to try to be 'helpful' by persuading the client of the urgency of the problem and about the benefits of change. It is fairly clear, however, that these tactics generally increase client resistance and diminish the probability of change (Miller, Benefield and Tonigan, 1993, Miller and Rollnick, 1991).

- *The counselling style is generally a quiet and eliciting one.* Direct persuasion, aggressive confrontation and argumentation are the opposite of motivational interviewing. It can appear to be a slow and passive process, but the proof is in the outcome. More aggressive strategies, sometimes guided by a desire to 'confront client denial', easily slip into pushing clients to make changes for which they are not ready.

- *The counsellor is directive in helping the client to examine and resolve ambivalence.* The main assumption in motivational interviewing is that ambivalence or lack of resolve is the main problem to be dealt with in triggering change. Once that has been accomplished, there may or may not be a need for further intervention such as skill training. The specific strategies of motivational interviewing are designed to elicit, clarify and resolve ambivalence in a client-centred and respectful counselling atmosphere.

- *Readiness to change is not a client trait, but a fluctuating product of interpersonal interaction.* The Health Trainer is therefore highly attentive and responsive to the client's motivational signs. Resistance and 'denial' are seen not as client traits, but as feedback regarding Trainer behaviour. Client resistance is often a signal that the Health Trainer is assuming greater readiness to change than is the case, and it is a cue that the Trainer needs to modify motivational strategies.

- *The therapeutic relationship is more like a partnership or companionship than expert/ recipient roles.* The Health Trainer respects the client's independence and freedom of choice (and consequences) regarding his or her own behaviour.

For more information on motivational interviewing, the following book is recommended:

Miller, W.R. and Rollnick, S. (1991). *Motivational interviewing: Preparing people to change addictive behaviour.* London: The Guildford Press

Finding out about your client – active listening

NB Sentences in " .." are direct quotes. This handbook uses the word *clients* instead of *patients*

[6] Rollnick, S., Mason, P. and Butler, C. (1999). *Health behaviour change: A guide for practitioners.* London: Churchill Livingstone

"Active listening involves searching for an understanding of the underlying meaning beneath the words used by the patient."

"However, if the pursuit of patient concerns and meaning is left behind, communication breakdown will follow, usually in the form of resistance from the patient."

Here is an example of how giving advice can generate resistance:

"Practitioner: *You need to reduce the fat in your diet. You should try to avoid fried food for a start.*

Patient: *But the kids won't eat anything if it doesn't come with chips.*

Practitioner: *Well chips aren't very good for them either, perhaps you could all eat more rice or pasta dishes.*

Patient: *Yes, but we're a very conservative family when it comes to eating. I can't afford to put food on the table that won't get eaten.*

Practitioner: *Well, perhaps you could start by eating more fruit and veg yourself to set a good example.*

Patient: *Well I know I should do that but…"*

Deciding to change

[7] Rollnick, S., Mason, P. and Butler, C. (1999). *Health behaviour change: A guide for practitioners.* London: Churchill Livingstone

Rollnick et al cover cost-benefit analysis in their book.

The advantages and disadvantages of the current behaviour.

"Your role is to provide structure, listen carefully and then summarize at the end. The patient's role is to explain to you how he or she really feels."

They also mention some open-ended questions which are useful for eliciting more information from the client when analysing the current behaviour:

"What are the good things about [the behaviour]?"

"Why is this? In what way? How does this affect you?"

"What are the less good things about [the behaviour]?"

"What don't you like about …? How does this affect you?"

And open-ended questions for when analysing the possibility of change:

"What are the good things about change?"

"What are the less good things about change?"

Goal setting

[8] Carver, C.S. and Scheier, M.F. (1998). *On the self-regulation of behaviour.* New York: Cambridge University Press

Padesky, C.A. and Greenberger, D. (1995). *Clinician's guide to mind over mood.* London: The Guildford Press

The theoretical basis of these ideas comes from Carver and Scheier's Control Theory. They defined these levels within the goal hierarchy as system concepts (abstract goal), principles (action goal) and programmes (courses of action).

Padesky and Greenberger also discuss the importance of having specific goals: "General goals help establish the areas of a client's life that need improvement. Specific goals itemize observable and reasonable changes so both therapist and client can regularly monitor whether or not progress is being made."

[9] Rollnick, S., Mason, P. and Butler, C. (1999). *Health behaviour change: A guide for practitioners.* London: Churchill Livingstone

"Anything a patient does to enhance his or her sense of either importance or confidence will increase his or her motivation to change."

Other relevant literature:

Stretcher, V.J., Seijts, G.H., Kok, G.J., Latham, G.P., Glasgow, R., DeVellis, B., Meertens, R.M. and Bulger, D.W. (1995). Goal setting as a strategy for health behaviour change. *Health Education Quarterly,* 22, 190–200

Dodge, J.A., Janz, A.K. and Clark, N.M. (2002). The evolution of an innovative heart disease management programme for older women: integrating quantitative and qualitative methods in practice. *Health Promotion Practice,* 3, 30–42

Action planning

[10] Sniehotta, F.F., Scholz, U. and Schwarzer, R. (2005). Bridging the intention-behaviour gap: Planning, self-efficacy, and action control in the adoption and maintenance of physical exercise. *Psychology & Health,* 20(2): 143–160

"In the volitional phase, the intended behaviour must be planned, initiated and maintained, and relapses must be managed. Thereby, action planning, self-efficacy, and action control play a crucial role."

Contracts

[26] Kanfer, F.H. and Goldstein, A.P. (1991) (eds). *Helping people change: A textbook of methods,* pp. 329–330. London: Allyn and Bacon

"Contracting provides both the helper and the client with a record of what has been agreed on and an opportunity to evaluate progress by comparison against the terms of the agreement. It also provides the client with a set of rules that govern the change process and with practice the process of clearly defining goals and instrumental acts to reach them."

Other relevant literature:

Cone, J.D. (1997). Issue in functional analysis in behavioural assessment. *Behaviour Research and Therapy*, 35, 259–275

Haynes, S.N. and O'Brien, W.H. (1990). Functional analysis in behaviour therapy. *Clinical Psychology Review,* 10, 649–668

Self-monitoring
[11] Bandura, A. (1998). Health promotion from the perspective of Social Cognition Theory. *Psychology & Health*, 13, 623–649

Bandura explains the importance of self-monitoring thus: "People cannot influence their own motivation and actions very well if they do not pay adequate attention to their own performances… When people attend closely to their performances they are inclined to set themselves goals of progressive improvement." The importance of setting mini-goals is that achieving them can improve your sense of self-efficacy, your perceived level of behavioural control – "Subgoal attainments provide markers of increasing mastery that enhance belief of self-regulatory efficacy."

[12] Korotitsch, W.J. and Nelson-Gray, R.O. (1999). An overview of self-monitoring research in assessment and treatment. *Psychological Assessment*, 11(4), 415–425

"Although fairly small and transient, reactive effects have the advantage of being fairly immediate. These small but immediate improvements may help to maintain the client's initial investment in therapy."

Getting support
[13] Wing, R. and Jeffrey. R. (1999). Benefits of recruiting participants with friends and increasing social support for weight loss and maintenance, *J Consult & Clin Psychol*, 1, 132–138.

Wing and Jeffrey studied the effect of attending a weight loss intervention with a team of friends compared with attending the intervention alone. They found that "Participants recruited with friends had a 33% greater weight loss at month 10 than those recruited alone." Also, the drop-out rate for those recruited with friends was lower than those recruited alone, suggesting that social support played a part in maintenance.

Other relevant papers:

McLean, N. et al (2003). Family involvement in weight control, weight maintenance and weight-loss interventions: A systematic review. *International Journal of Obesity,* 27, 987–1005

Burke, V. et al. (2002). An innovative program for changing health behaviours. *Asia Pacific Journal of Clinical Nutrition,* 11: S586–S597

Dishman, R.K. and Sallis, J.F. (1994) Determinants and Interventions for Physical Activity and Exercise. In: Bouchard, C., Shepherd, R.J. and Stephens, T. (eds). *Physical activity, fitness and health: International proceedings and consensus statement.* Champaign, Ill.: Human Kinetics

Increasing confidence to change (self-efficacy)
[14] The Bandura[11] quotes below define self-efficacy and explain why it is a crucial element of behaviour change.

"Perceived self-efficacy refers to beliefs in one's capabilities to organize and execute the courses of action required to produce given levels of attainments."

"The beliefs that people hold about their capabilities, therefore, affect whether they make good or poor use of the skills they possess. Self-doubts can easily overrule the best of skills."

"Once an action has been taken, high self-efficacious persons invest more effort and persist longer than those with low self-efficacy. When set-backs occur, the former recover more quickly and maintain the commitment to their goals."

[15] Schwarzer, M. and Fuchs, R. (1995). Self-efficacy and health behaviours. In Connor, M. and Norman, P. (eds) *Predicting Health Behaviour.* Buckingham: Open University Press

"People with an optimistic sense of self-efficacy, however, visualize success scenarios that guide the action and let them persevere in the face of obstacles."

[16] Rollnick, Mason and Butler (1999) give an example of how not to use scaling questions: "Having obtained a numerical judgment from the patient about confidence to change, show no curiosity about how things could change. You could assume that you know what the patient should do, and proceed accordingly. Try some simple advice!

So you gave yourself a score of 3/10 for confidence to actually change your diet. What about cutting out those snacks between meals from now on?" (see [9] for source)

[17] The following quotes are from Bandura[11] and summarise the strategies that can be used to increase a client's confidence.

Previous successes
"The most effective way of creating a strong sense of efficacy is through mastery experiences. Successes build a robust belief in one's personal efficacy."

Role models
"Seeing people similar to oneself succeed by sustained effort raises observers' beliefs that they too possess the capabilities to master comparable activities… competent models transmit knowledge and teach observers effective skills and strategies for managing environmental demands."

Encouragement from others
"People who are persuaded verbally that they possess the capabilities to master given activities are likely to mobilize greater effort and sustain it than if they harbor self-doubts and dwell on personal deficiencies when problems arise."

Increase positive mood
"People also rely partly on their somatic and emotional states in judging their capabilities… The fourth way of modifying self-beliefs of efficacy is to reduce people's stress reactions, alter their negative emotional proclivities and correct misinterpretations of their physical state."

Rewards
[18] Skinner, B.F. (1969). *Science and Human Behaviour*. London: Collier-MacMillan

B.F. Skinner is one of the most famous names in research on behaviour and rewards.

"The consequences of behaviour may 'feed back' into the organism. When they do so, they may change the probability that the behaviour which produced them will occur again."

[19] Nemeroff, C.J. and Karoly, P. (1991). Operant methods. In Kanfer, F.H. and Goldstein, A.P. (eds) *Helping people change: A textbook of methods (4th ed).* London: Allyn and Bacon

"The most obvious way to accomplish this goal is to apply positive reinforcement each time the target behaviour occurs."

Setbacks
[20] Prochaska, J.O., Norcross, J.C. and Diclemente, C.C. (1994). *Changing for Good.* New York: Avon Books

Prochaska et al refer to relapse as recycle, and thus "*Recycling gives us opportunities to learn. Action followed by relapse is far better than no action at all.*"

Realistic outcome expectancies
[21] Rothman, A.J. (2000). Toward a theory-based analysis of behavioural maintenance. *Health Psychology* 19, 64–69.

Rothman points out that, as many interventions are not successful in maintaining behaviour change in the long term, there must be important differences in the psychological processes that govern behavioural initiation and maintenance. He proposed that it is people's perceived satisfaction with received outcomes that governs maintenance.

"However, when people's experiences fail to meet their expectations, they will be dissatisfied with the change in their behaviour and less motivated to sustain it… interventions that heighten people's expectations about a new pattern of behaviour may encourage them to initiate change, but over time may lead people to be less satisfied with the outcomes they actually obtain, thus undermining maintenance."

Coping with difficult situations and 'if-then' plans

[22] Marlatt, G.A. (1996). Taxonomy of high-risk situations for alcohol relapse: evolution and development of a cognitive behavioural model. *Addiction*, 91 (supplement), S37–S49

Marlatt posits that failure to exercise an adaptive alternative coping response when confronted by stressful situations will result in a return to the dominant, habitual response, e.g. drinking alcohol. This cognitive behavioural model of relapse is useful for consumption behaviours which are being voluntarily abstained from.

[23] Gollwitzer, P.M. (1999). Implementation Intentions. Strong effects of simple plans. *American Psychologist*, 54, 493–505

[24] Webb, T.L. and Sheeran, P. (in press). Does changing behavioural intentions engender behaviour change? A meta-analysis of the experimental evidence. *Psychological Bulletin (in press)*

The theoretical ideas underlying implementation intentions come from Peter Gollwitzer, and are based on the idea of automatic action initiation, that is, the situational cue (after I have had my shower in the morning) is easily remembered and detected, and with repetition the action (making a healthy lunch) becomes an almost automatic response to the cue.

Webb and Sheeran's research found support for the efficacy of implementation intentions: "Meta-analysis indicates that forming an implementation intention improves rates of behavioural enactment and goal attainment compared to formation of a behavioural intention on its own."

Other relevant papers:

Sheeran, P. (2002). Intention-behaviour relations: A conceptual and empirical review. In: Hewstone, M. and Stroebe, W. (eds) *European Review of Social Psychology,* 11. Chichester, England: Wiley

Sheeran, P. (2005). Implementation Intentions and Health Behaviours. In: Conner, M. and Norman, P. (eds) *Predicting health behaviour: Research and practice with social cognition models* (2nd ed.) Buckingham: Open University Press

Leventhal, H., Singer, R. and Jones, S. (1965). Effects of fear and specificity of recommendation upon attitudes and behaviour. *Journal of Personality and Social Psychology,* 2, 20–29

Leventhal, H., Watts, J.C. and Pagano, F. (1967). Effects of fear and instructions on how to cope with danger. *Journal of Personality and Social Psychology,* 6, 313–321

Building habits
[25] Aarts, H., Paulussen, T., and Schaalma, H. (1997). Physical exercise habit: On the conceptualization and formation of habitual health behaviours. *Health Education Research* 12(3): 363–374

Aarts et al discuss the role of habit in exercise behaviour, and also more widely in general health behaviours. In this article they propose a theoretical model of habit formation. They argue that it is possible for health behaviours to become automatically activated by triggers or everyday situations. Habits can become strengthened by repetition and positive reinforcement, and don't require as much thinking time and effort to initiate as they did when they were new.

"… when behaviour is performed many times, one does not need to weigh the advantages and disadvantages or to check up one's attitudes and behavioural control in order to arrive at a choice. When habits are formed, subsequent behaviour may be associated with, and automatically triggered by, the specific situational cues that normally precede it."

"… any type of repetitive behaviour requires less and less mental effort and conscious attention, and thus may eventually become habitual."

Appendix

1. Evaluation of contacts: first meeting

To be completed by NHS Health Trainer for each person seen after the first meeting.

(Questions with ☐ next to them require a tick response)

Name of NHS Health Trainer: ....

Client identifier: ....

Age: ....

Gender: Male ☐   Female ☐

Ethnic group	White ☐	Asian ☐	Black – Caribbean ☐	Black – African ☐
	Other (please describe)			

Date seen: ....

Where did you see the client? ....

Did you complete a Health Behaviour Check with the client?

Yes ☐   Partially ☐   No ☐

Was a behavioural goal set?   Yes ☐   No ☐

    If set, what was the goal? ....

    If not set, why not? ....

Was a target behaviour chosen? Yes ☐   No ☐

    If so, what was the behaviour? ....

    If not, why not? ....

Did the client complete a Personal Health Guide?   Yes ☐   No ☐

If the client did not attend (DNA):

Was a reason given for not attending?   Yes ☐   No ☐

    If so, what was the reason? ....

2. Evaluation of contacts: subsequent meetings

*To be completed by NHS Health Trainer for each person seen on **subsequent** meetings.*

Name of NHS Health Trainer: ....

Client identifier: ....

Date seen: ....

Meeting number:	Second ☐	Third ☐	Fourth ☐	If more than 4, then put meeting number ____

Where did you see the client? ....

What was the target behaviour? ....

1. Did the client achieve any behaviour change?			
None at all	A little change	Some change	Lots of change
☐	☐	☐	☐

2. Did the client make any progress towards the behavioural change goal?				
No progress towards goal	A little progress towards goal	Some progress towards goal	Lots of progress towards goal	Achieved goal
☐	☐	☐	☐	☐

3. Did the client use self-monitoring techniques?		
Not at all	A little	A lot
☐	☐	☐

4. Did you and the client review the Personal Health Guide?	Yes ☐	No ☐

5. Did you and the client review the behaviour change goal?

No	Yes	N/A (not necessary)
☐	☐	☐

6. Did you arrange another meeting?

No	Yes	This was final session
☐	☐	☐

If the client did not attend (DNA):

Was a reason given for not attending?   Yes ☐   No ☐

If so, what was the reason? ....

3. Evaluation of training

To be completed by NHS Health Trainers at the end of the pilot phase.

Did your training cover these aspects of the role?

	Comprehensive coverage	Adequate coverage	Some coverage	No coverage
1. Health behaviour change	☐	☐	☐	☐
2. Goal setting	☐	☐	☐	☐
3. Action planning	☐	☐	☐	☐
4. Self-monitoring	☐	☐	☐	☐
5. Goal review	☐	☐	☐	☐
6. Communication skills	☐	☐	☐	☐

What would you like more training on?

....

....

....

How confident are you in your ability to help the clients to:

	Very confident	Quite confident	Not very confident	Not at all confident
1. Assess their health and behaviour (Health Behaviour Checks)?	☐	☐	☐	☐
2. Set behavioural goals?	☐	☐	☐	☐
3. Develop a Personal Health Guide?	☐	☐	☐	☐
4. Carry out self-monitoring?	☐	☐	☐	☐
5. Review goals?	☐	☐	☐	☐

4. Client questionnaire

To be completed by clients at or after final session with NHS Health Trainer.

1. What behaviours did you choose to change ....

2. What goals did you set? ....

	Yes, completely	Mostly	Partly	No, not at all
3. Did you achieve the behaviour change you wanted?	☐	☐	☐	☐

4.	Did you do…			Was it helpful? 0 = not at all helpful 10 = very helpful	How confident are you in your ability in future to do… 0 = not at all confident 10 = very confident	Will you use this in the future?			
	Yes	No	Don't know			Yes	Maybe	No	Don't know
Health Behaviour Check	☐	☐	☐			☐	☐	☐	☐
Set behaviour change goal(s)	☐	☐	☐			☐	☐	☐	☐
Personal Health Guide	☐	☐	☐			☐	☐	☐	☐
Behaviour Change Diary	☐	☐	☐			☐	☐	☐	☐
Goal review	☐	☐	☐			☐	☐	☐	☐

5. How do you feel about what you have achieved?

Very satisfied	Quite satisfied	Not sure	Quite dissatisfied	Very dissatisfied
☐	☐	☐	☐	☐

6. Is there anything you would like further help with?

....

7. Do you have any comments on your sessions with the Health Trainer?

....

....

5. Service summary sheet

Additional information that should be collected by pilot sites for each NHS Health Trainer.

Date of start of pilot: ....

Date of end of pilot: ....

Total number of sessions worked by NHS Health Trainer: ....

Number of sessions worked each week: ....

Total number of clients seen by Health Trainer: ....

Summary of demographics/details of those seen (e.g. percentages of male/female, ethnic origin etc.): ....

....

How many clients set a behaviour change goal? ....

Summary of the target behaviours chosen (which behaviours were most frequently chosen by the clients?): ....

....

How many clients completed a Personal Health Guide? ....

How many clients achieved a behaviour change goal? ....

How many clients achieved some behaviour change? ....

How many sessions did the clients attend?

1 ☐   2 ☐   3 ☐   4 ☐   5 ☐   6 ☐   More than 6 ☐

What percentage of clients attended the agreed number of sessions? ....

Number of sessions lost to DNAs (did not attend): ....

Feedback form

If you have any comments or suggestions about this handbook, please fill in this form and send it to:

Professor S. Michie/Professor N. Rumsey
Centre for Outcomes Research and Effectiveness
Department of Psychology
University College London
1–19 Torrington Place
London WC1E 7HB

Are there any parts of the handbook that you think need revising or expansion **or were unclear**?

Are there any topics/issues/questions/materials that are not in the handbook **that you think should be included**?

Do you have any other comments?

Notes:

Notes:

DH *Department of Health*

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