15: SUPPORTING PEOPLE TO CHANGE THEIR HEALTH BEHAVIOUR

Supporting people to change their health behaviour

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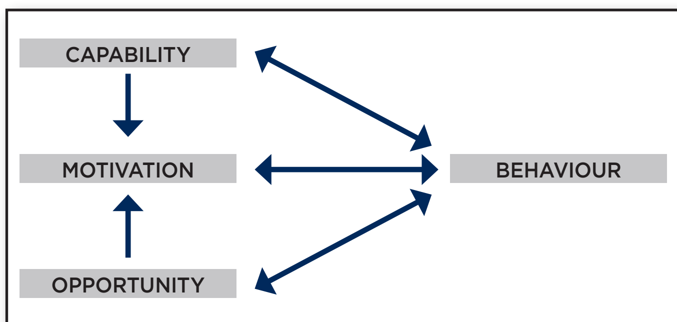
Drawing together all key theories of behaviour change, behavioural scientists have identified three interacting elements that need to be present for people to change their health behaviours: Motivation, Capability and Opportunity [1].

- **MOTIVATION** – the desire to change
- **CAPABILITY** – the capacity to change (whether physically, mentally, socially, or otherwise)
- **OPPORTUNITY** – having a realistic opportunity for change



Much of the work we do with people in clinical settings targets motivation and capability and this factsheet provides some evidence-based advice for doing this; but it is important to also recognise the influence that other factors can have on the likelihood that someone will change their behaviour. This may be particularly important in understanding why our efforts to help do not always work and why people appear motivated yet still do not change. For example, it has been established that it is more challenging for people living with social disadvantage to change their health behaviours. This may be both as they focus their resources (both physical and psychological) on other more immediately pressing priorities, as they have less social support for change if living in communities where those around them also have poorer health behaviours. Our approach to working with people to support the uptake of physical activity will be more effective if we can demonstrate empathy to the barriers to change, and take a person-centred approach to providing support and advice.

This factsheet provides insight to how we can support people to strengthen their motivation and capability to become more physically active.

Enhancing Motivation to Change

Health promotion forms part of many primary care consultations, be it advice about exercise, weight loss, smoking or alcohol. These consultations are often fraught with difficulty, as many patients are resistant to being told what to do or 'what is good for them'. Moving from this direct style of consultation to a more guiding style that encourages patient motivation has been shown to increase the success of health promotion.

Motivational interviewing was originally developed in the field of addiction counselling, but has also been used to promote behaviour change in a wide range of healthcare settings, such as smoking cessation, weight loss and promoting increased physical activity.

There is increasing evidence of its effectiveness,[2,3] with 80% of 72 studies finding that motivational interviewing outperformed traditional advice-giving.[4] It is associated with a more respectful and less combative consultation – this feels professionally better and is certainly more enjoyable for both healthcare professionals and their patients.

Motivational Interviewing (MI) by Prof S Rollnick

A consultation that leans on MI has one strong characteristic that supersedes all else: instead of adopting an expert position and using a directing style to persuade the patient why or how they might get more exercise, you adopt a guiding style. It is a more collaborative process of helping the patients to say why and how they might get more exercise. You structure the consultation and provide information (with permission) but most of the time you are eliciting their own motivation to change. This is often expressed in the form of *change talk*. [5] The more change talk you can elicit from the patient, the better the outcome is likely to be. There is emerging evidence to support this focus on the language used by the patient.[6]

One useful aid might be the recently developed framework for MI [7] that describes four processes in a constructive conversation about behaviour change:

- **Engaging**
- **Focusing**
- **Evoking**
- **Planning**

They do not always emerge in a linear sequence, but the logic is this: step one is to ***engage*** with the patient and establish an agreed ***focus*** for the conversation; then the central task is evoking the patient's own motivation to change, followed by ***planning*** if the person is ready for this. These processes are highlighted in the example below, alongside other key skills.

While conducting a full motivational interview may require more time than is available through standard consultations, adopting the guiding style even in brief interactions can have similar beneficial results.

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Example MI Dialogue. By Prof S Rollnick

This example is based on a fictitious consultation between a 51 year old male and his healthcare professional (HCP). He is overweight, with borderline raised BP, who gets short of breath when walking secondary to his poor cardiovascular fitness and sedentary job. He travels to work on the bus and works on the third floor of an office.

HCP: OK, so that's your tablets sorted out, and now I wanted to ask you whether it's ok with you to spend just a couple of minutes talking about something completely different….. Would that be OK? *(Asking permission will help a lot)*
Patient: Yeah OK, what's that then?

HCP: It's about physical activity. Would you mind if we chatted about that if I promise not to nag at you about it?
Pt: Yeah OK, as long as you keep to that promise (laughs). (*The focus is clear. Engagement is not strong, yet.*)

HCP: So rather than me talk about it, could you? Could you tell me how you feel about getting more active?
Pt: Hate the thought to be honest with you.

HCP: You're not persuaded about this one (*That's a reflective listening statement, not a question*)
Pt: Well I do know that it would help my health (*change talk*), but the effort is really too much.

HCP: You get quite a lot done each day, and adding physical activity doesn't seem like it could fit (*another reflective listening statement*)
Pt: Yeah you guessed right, I don't just sit around all day and the thought of going to the gym just doesn't fit for me.

HCP: Going to the gym isn't for you, you are busy enough and yet you know it would be good for your health to get more active, have I got you? (*A summary that also includes the change talk*)
Pt: Yeah you've got me for sure. (*Engagement is now much better, as a result of listening and then summarising*).

HCP: Can I ask you how do you see the benefits of just a slow and steady increase in physical activity? (*A question that allows the HCP to start evoking change talk*)
Pt: Me? Well if it was slow, and I didn't have to go crazy like at a gym, it might help me (*change talk*).

HCP: It would help you to feel healthier (*a listening statement again, to reflect the change talk and it's also a guess about why it might help*)
Pt: Sort of, but at least I could fit it in, and I might succeed, and I could feel good about that. (*More change talk*)

HCP: Because you don't want to take on some big task like the gym. What suits you more is something smaller to start with. (*Reflecting again, trying to understand how he really feels*)
Pt: If I decide to do it and I haven't yet. (*Patient backs off*)

HCP: You don't want to be pushed into this (*HCP doesn't try to win the argument or be clever – just uses a listening statement*)
Pt: Exactly, but it might be worth thinking about. Thanks for not lecturing me (laughs)
HCP: *HCP summarises how patient feels and keeps the door open for another time.*

Six weeks later the patient returns for another check on his borderline blood pressure.

HCP: Well thanks for coming back again. I saw you six weeks ago, didn't I?
Pt: Yes, you asked me to come back to check the blood pressure.

HCP: (*HCP checks BP*) Well it's still on the high side, so we could now ask the question what will help you to get it down and avoid this becoming a cause for concern in the future?
Pt: Well I know I don't want any of those tablets for blood pressure if possible

HCP: Sure, that's fine for now. Can I raise the subject of physical activity again, if I promise not to lecture you?
Pt: You told me that last time, but fair game, you didn't lecture me, so yes fine (laughs)

HCP: I promise again!
Pt: I believe you again, but what now?

HCP: My question would be this: are there some simple small steps you can take to introduce a little more activity into your daily life?
Pt: I'm glad you are not on about the gym.

HCP: Sure, that's too drastic for you (*reflective listening*)
Pt: I don't do drastic, my life's busy enough.

HCP: Small things might be possible (*reflective listening again – a guess about what might work*)
Pt: Yes, maybe but I'm not sure what you mean by small things?

HCP: *Presents a range of options, not a single idea, with the aim of encouraging the patient to select thus:* So that's a number of possibilities. You will be the best judge of what might work for you. (*Reinforcing autonomy is a critical aspect of skilful consulting about behaviour change*).

Pt: Well of all those things you mention, there's only two that make sense to me: walking up the stairs rather than the lift and getting off the bus 2 stops before work and walking the last part (*patient emits change talk*).

HCP: You can see a way of doing these simple things (*the best response to change talk is a simple reflection*).
Pt: I guess I can, and if it works I might try walking that same distance after work again (*more change talk*).

HCP: You want to experiment and see what works for you (*more reflection*).
Pt: Yeah I am happy to try those two things (*change talk*).

HCP: *Summarises all the change talk that has emerged.* So you don't want tablets, and you think you might be able to walk up the stairs at work, and get off the bus two stops early, and walk into work.
Pt: Knowing me, I'll give it a go. It might help me to feel better about myself (*change talk*).

HCP: And would you mind coming to see me for a brief catch-up in six weeks?
Pt: Sure......Etc etc

***Watch this dialogue on You Tube* describing the behavioural change dialogue**

Increasing Capability to change

Changing behaviour can be thought of as having an initial *motivational phase* in which people develop their own reasons for and intention to change, and a subsequent *volitional phase*, in which a person's motivation is put into action. The motivational phase can be very well supported by motivational interviewing, but other evidence-based behaviour change techniques, primarily relating to self-regulation, are useful in providing to support the volitional phase of behaviour change. They help to support someone's capability to take the first steps towards change, and to sustain these over time: [8,9]

- **Self-monitoring** - knowing one's starting point, and getting feedback on the outcome of attempts to change and progress over time,
- **Goal setting** – more specific goals (e.g., a time and place when one will exercise) and goals related to actions rather than outcomes (e.g., exercising twice a week rather than losing a certain amount of weight) are shown to be more effective,
- **Social support** – having practical (e.g., having an exercise partner) and emotional (e.g., encouragement) support from others for physical activity, whether from existing friends and family or by forming new contacts with people attempting the same lifestyle changes, at the same time.

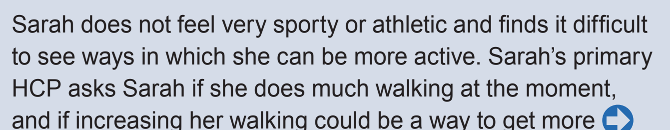
The following case study is an example of how motivational interviewing and the inclusion of self-regulatory techniques may help someone to initiate changes to become more physically active:

Sarah

In recent years, 50 year old Sarah has experienced more and more bouts of prolonged unhappiness. She has not been diagnosed with clinical depression and her primary healthcare professional (HCP) has recommended she becomes physically active. She has done little or no purposeful exercise since her teenage years when she used to hate sport and physical education at school, finding it threatening and embarrassing. Sarah is on the borderline between overweight and obese with a BMI of 29 and has been recently been diagnosed with mild hypertension. She has a family history of type 2 diabetes.

Sarah's primary HCP knows that she doesn't have time to provide all the support that Sarah may need to take up physical activity herself. However, she is aware that she can still play an important role in helping Sarah to strengthen her motivation to change and encourage her to seek help from other available services. Adopting a guiding approach advocated through motivational interviewing, Sarah's primary HCP explores with Sarah what she sees as the pros and cons of becoming more active, what benefits she can identify for doing so, and what the barriers for her may be.

During this discussion, Sarah shares her belief that being more active could be important for her and might help her feel more positive about herself and life in general, but that she has not tried to become more active previously as she is not confident that she would be able to do enough to make a difference. Sarah would value the benefits of being more active if it helped her to lose some weight and get her blood pressure down. Sarah has friends who go to exercise classes, but feels she is not confident to join a group at the moment, but she would like to think she could join a group of women with similar kinds of issues at some point.



Sarah does not feel very sporty or athletic and finds it difficult to see ways in which she can be more active. Sarah's primary HCP asks Sarah if she does much walking at the moment, and if increasing her walking could be a way to get more

exercise that Sarah feels is possible for her. Sarah appears surprised and encouraged that walking could be enough. Sarah also suggests she is interested in going to the gym, but is not confident of walking in for the first time. Having endorsed the importance of physical activity for health, and helped Sarah to identify some of other benefits that she may value, Sarah's primary HCP suggests that she may benefit from talking more about the options with an exercise professional at the local exercise referral service, and Sarah agrees to go along.

Having met an exercise advisor at her local gym, the next important task for Sarah is to set some short-term goals that provide a sense of steady and meaningful improvement. To be effective short term goals have to have a flavour of where, when, and what. They need to be specific and agreed (following the SMART principle of being Specific, Measurable, Agreed, Realistic and Time phased). In addition, goals should be small enough to be achievable but large enough to move a person towards a perceptible change in their health or fitness. Goals that are too demanding at this point may undermine confidence and disappoint if they are not reached, and goals that are too small may be discouraging as they provide little satisfaction or belief that meaningful health or wellbeing benefits will be achieved.

The exercise advisor talks through the process of setting goals with Sarah, taking into account her preferences and the barriers she sees to being more active. Time is a barrier for Sarah as she is holding down a demanding full-time job and finding it difficult to cope. Sarah suggests that her first goal could be to walk part of the way to work, as it may not take much longer than waiting for and travelling by bus as she does now. She commits to start by doing this on three mornings a week, and to review this goal in a few weeks. The exercise advisor then explains that we know that monitoring your own progress and having some social support are important when changing behaviour, and asks Sarah if there are ways in which she could incorporate these. Sarah immediately suggests that she will ask her son for his support, as she knows he enjoys physical activity and would no doubt be very encouraging. She knows he has an app on his phone to count his own daily steps, so she will ask him to install it on her phone too.

(Adapted from an original Case study[10])

Summary

NICE guidelines PH6 on behaviour change, recommend using techniques that create attitude and behaviour change within health care interventions.[11] Whilst no single method can be universally applied, a combination of motivational interviewing and techniques to promote self-regulation and social support show good evidence of efficacy in research conducted in a range of settings and populations. [1,2]

Take home Message:

Behaviour change techniques are an important part of any consultation on lifestyle advice.

Consider:

1. Attending a course on behaviour change:
   http://www.ucl.ac.uk/behaviour-change/training
2. Read more on this important topic:
   http://www.fyss.se/wp-content/uploads/2018/01/5.-Motivational-interviewing-about-physical.pdf
3. Read **NICE guidelines PH49:**
   https://www.nice.org.uk/guidance/ph49/chapter/1-recommendations and **PH6:**
   https://www.nice.org.uk/guidance/ph6/chapter/Introduction
4. Read, listen and watch from a wide choice of resources on behaviour change:
   http://www.ucl.ac.uk/behaviour-change/resources
5. The Royal College of Nursing has a useful set of pages on supporting behaviour change:
   https://www.rcn.org.uk/clinical-topics/supporting-behaviour-change

Patient resources:

A work sheet is available on behaviour change from the patient Benefit from Activity website on 'How do I change'
http://www.benefitfromactivity.org.uk/im-ready-for-change/how-do-i-change/

Benefits for GPs and teams:

Greater success and satisfaction in supporting behavioural change with all lifestyle issues, leading to reduced appointments, drug costs and healthier patients.

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