

Commissioning training for behaviour change interventions

Guidelines for best practice

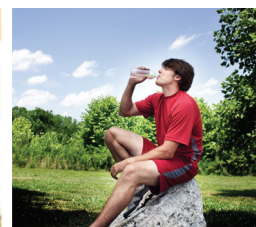
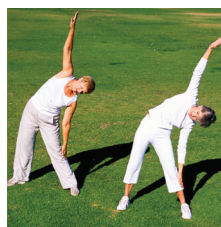
Background

Encouraging healthy behaviour in relation to diet, physical activity, smoking, drinking and sexual health has the potential to improve people's health and quality of life. Current policy guidance identifies a key role for frontline staff, through everyday contact with service users, in helping people to adopt and sustain healthier lifestyles through the use of behaviour change interventions. At a local level, building capacity and capability amongst public health practitioners and the wider workforce to deliver behaviour change interventions has been identified as key to achieving government health targets, particularly in relation to tackling health inequalities. Training has a key role to play, if frontline staff are to deliver such interventions in a variety of settings, across a range of health issues, to a consistent standard, and with a high likelihood of success.

These guidelines have been developed to support this important work by providing a tool to help those responsible for commissioning training on health behaviour change as well as those responsible for developing and delivering such training.

Key points covered in the guidance

- Definitions of the most commonly advocated behaviour change interventions: brief advice, brief interventions, motivational interviewing and social marketing.
- Learning outcomes for training in relation to each of the three one-to-one behaviour change interventions: brief advice, brief intervention and motivational interviewing.
- Top tips for training to deliver one-to-one behaviour change interventions.
- Top tips for good practice in the delivery of these interventions.



Brief advice

Definition

Brief advice describes a short intervention (usually around 3 minutes) delivered opportunistically in relation to a service user's reason for seeking help. It can be used to raise awareness of, and assess a person's willingness to engage in further discussion about, healthy lifestyle issues. Brief advice is less in-depth and more informal than a brief intervention and usually involves giving information about the importance of behaviour change and simple advice to support behaviour change.

Learning outcomes

By the end of the training, participants should be able to demonstrate knowledge, understanding and skills as detailed below.

Knowledge and understanding

- Understand the value of giving opportunistic brief advice in the context of an everyday staff-service user encounter.
- Understand the harmful consequences of the behaviour in question.

Skills: practical

- Ask details about the health behaviour in question.
- Assess a person's level of health risk.

- Deliver brief advice in an empathic, non-confrontational manner.
- Employ knowledge of appropriate services for signposting people to additional sources of support.

Skills: intellectual

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

Brief intervention

Definition

Brief interventions provide a structured way to deliver advice and constitute a step beyond brief advice as they involve the provision of more formal help, such as arranging follow-up support. Brief interventions aim to equip people with tools to change attitudes and handle underlying problems. As part of a range of methods, brief interventions may contain brief advice and may use a motivational interviewing approach in the delivery.

Learning outcomes

By the end of the training, participants should be able to demonstrate knowledge, understanding and skills as detailed below.

Knowledge and understanding

- Explain the harmful consequences of the behaviour in question.
- Recognise the evidence of effectiveness for behaviour change interventions in general and in relation to the specific health behaviour in particular.
- Outline a range of theoretical models of behaviour change.
- Discuss the stages of change model.

Skills: practical

- Identify people for whom a brief intervention is appropriate using validated screening tools.
- Ask and record details about the health behaviour(s) in question and the actions taken and outcomes achieved.
- Assess a person's level of health risk.
- Assess a person's readiness to change.
- Use resources effectively to support the brief intervention.
- Employ knowledge of appropriate services for signposting people to additional sources of support.
- Deliver a brief intervention based on an explicit model of behaviour change comprising the following core elements:

- ➔ client-directed discussion;
- ➔ feedback of personal risk;
- ➔ communication of responsibility towards behaviour;
- ➔ giving advice to change behaviour;
- ➔ providing a menu of ways to change behaviour;
- ➔ expressing empathic understanding;
- ➔ enhancing self-efficacy;
- ➔ establishing behaviour change goals;
- ➔ providing a follow-up to the brief intervention.

Skills: intellectual

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

Motivational interviewing

Definition

Motivational interviewing is described as a process of exploring a person's motivation to change through interview in order to assist them towards a state of action. The techniques used are adaptations of counselling skills and particular attention is paid to the listening skills of the interviewer. Motivational interviewing can be understood as an approach which can be adopted for delivering a brief intervention. The principles of this approach may be used to inform the way in which staff interact with service users.

Learning outcomes

By the end of the training, participants should be able to demonstrate knowledge, understanding and skills as detailed below.

Knowledge and understanding

- Understand the role of motivational interviewing within the context of the delivery of behaviour change interventions.
- Express the core principles and values that underpin motivational interviewing.

Skills: practical

- Use listening skills to explore and evoke a person's motivation through helping them to identify the argument for change.
- Use a model of consultation based on empathy, collaboration and respect for autonomy.

- Create an interpersonal relationship which is conducive to change.
- Facilitate change, based on the expressed aspirations of service users, through support for self-efficacy.

Skills: intellectual

- Distinguish between brief advice, brief intervention and social marketing as distinct approaches to bringing about behaviour change.
- Judge when motivational interviewing is an appropriate and relevant approach to use as part of the delivery of a brief intervention.
- Use a self-reflective approach to using motivational interviewing, particularly in relation to the control of one's own values and beliefs.

Social marketing

Social marketing plays an important part in strategies to bring about behaviour change. These guidelines do not cover social marketing as an approach because they focus on one-to-one interventions. However, the following definition is offered in order to give some clarity to the concept.

Definition

Social marketing describes a strategic approach, based on traditional marketing techniques, to delivering a programme of activities to encourage behaviour change. The programme may *include* the delivery of brief advice or brief interventions. Emphasis is placed on understanding the life context and aspirations of individuals and their communities, which is then used to inform programmes that enable and encourage people to participate in positive health behaviour. Social marketing contains a focus on voluntary behaviour change and rests on the assumption that behaviour change is governed by the principle of exchange, that is, the customer must perceive a benefit for changing his or her behaviour.

In the North West, the *Our Life* programme has been set up by NHS North West to transform the lives of people by helping them choose healthy lifestyles. The programme aims to motivate the public to protect its own health and to develop an environment that supports healthy lifestyle choices (www.ourlife.org.uk).

Top tips for delivery

There is consensus within the literature that the manner in which behaviour change interventions are delivered will impact significantly on their effectiveness. Careful consideration needs to be given to the setting, personal circumstances of recipients of interventions, staff attributes and the process of delivery. There is also evidence to suggest that interventions with a clear and coherent theoretical grounding (such as the Transtheoretical Stages of Change model) are more effective in producing longer-term changes in behaviour than those with no theoretical base.

- **The setting** – behaviour change interventions can be successful in a range of healthcare and community settings.
- **Staff attributes** – the formal role of the person delivering the intervention is less important than the skills he or she possesses to deliver an intervention: staff need to feel and display genuine concern for their clients in order to develop facilitative relationships.
- **Client-led interventions** – interventions should be tailored to individuals' stage of change as this ensures that the right level of information is given. Clients should be encouraged to play an active role in the intervention and staff are advised to respect individuals' autonomy and view clients as experts in their own lives.
- **Client-centred discussion techniques** – open-ended questions, affirmations, reflections and summaries encourage people to elaborate in discussion; recognise their own strengths; help to build rapport and ensure effective communication.
- **Resistance** – advocating change, coercing people or using persuasion may encourage people to defend their behaviour. Instead, clients should be allowed to control the discussion and the speed with which the change process develops.
- **Relapse** – relapse in behaviour change is a common occurrence; it should be acknowledged that behaviour change is rarely a discrete event and clients who relapse should be encouraged to consider what helped and hindered their attempts to change behaviour.

Top tips for training

There is good evidence to support the effectiveness of training in improving performance of behaviour change interventions. Use of 'credible experts' in the delivery of training is more likely to encourage receptiveness to the ideas presented. Good communication skills are fundamental to all behaviour change interventions, whatever the lifestyle topic and should be central to all training.

Training content

- Evidence for the efficacy of interventions will encourage staff to feel confident that their efforts will be successful.
- Acquisition of a theoretical understanding of behaviour change interventions can improve the likelihood that staff will perform interventions.
- Topic specific training can improve staff competency and confidence in delivering effective interventions, challenge negative staff attitudes towards people's behaviour and raise awareness of current normative practices in relation to different behaviours.
- Developing skills for assessing readiness to change will increase confidence and enable staff to deliver personalised interventions.
- Developing skills for building rapport and facilitating discussion will make staff feel more confident about raising the issue and supporting people through the change process.
- Learning how to deal with different service users will encourage staff to deliver interventions more consistently.

Training methods

- Training should build on participants' existing knowledge and skills and should be relevant to participants' field of work in order to make best use of professional time.
- Workshops can give participants time to reflect, meet colleagues, observe peers in action and discuss issues.
- Conversely, detachment from everyday experience in a workshop setting can make learning difficult to apply to real-life experience: on-site consultation from a trainer or peer consultation allow trainees to develop skills over time through a process of practice, feedback and encouragement.
- Combining theory-based didactic teaching with skills-based sessions can encourage individual reflection and allow participants time to consider their own ambivalence towards theory and formulate questions.
- Role-play allows staff to rehearse techniques before they are used in a professional setting.
- Feedback and follow-up support can improve skill acquisition.

For the full version of this guide see:

Powell, K. & Thurston, M. (2008). Commissioning training for behaviour change interventions: Evidence and best practice in delivery. Chester: University of Chester, Centre for Public Health Research.

This report can be found via any of the websites for the North West Public Health networks or via the University of Chester website:

Cheshire and Merseyside Partnership for Public Health
www.champs-for-health.net

Cumbria and Lancashire Public Health Network
www.clph.net

Greater Manchester Public Health Network
www.gmphnetwork.org.uk

North West Public Health Teaching Network
www.nwph.net/nwtphn

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