

PARTICIPANT MANUAL

SUPPORTING REALISTIC BEHAVIOUR CHANGE **Minimal Intervention Training**



One and One-Half Day Training Session

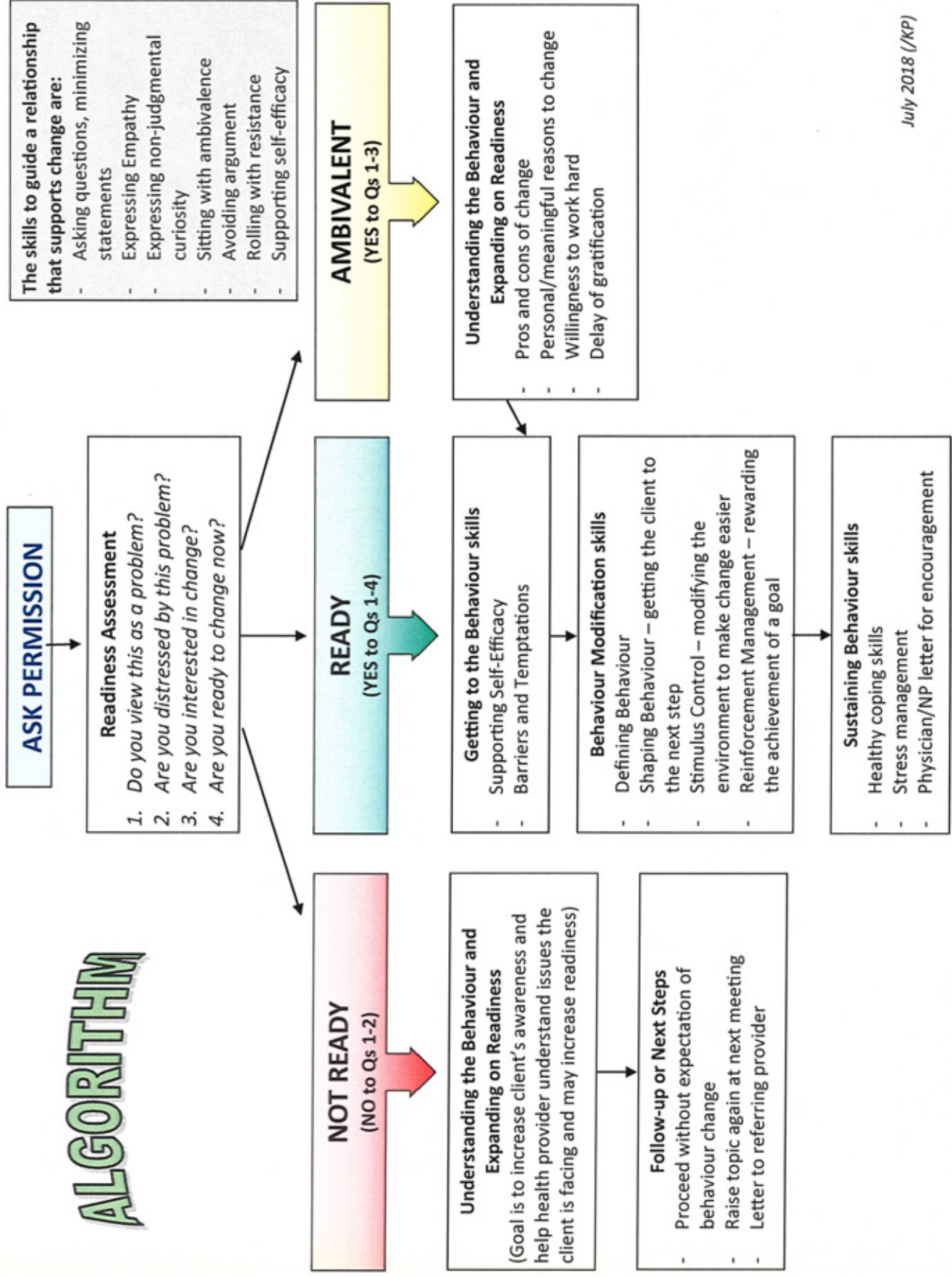
September 2018

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SUPPORTING REALISTIC BEHAVIOUR CHANGE (Minimal Intervention)

ALGORITHM



***SUPPORTING REALISTIC BEHAVIOUR CHANGE:
MINIMAL INTERVENTION TRAINING***

TABLE OF CONTENTS

Section 1:	• Introduction
Section 2:	• Day 1: Presentations
Section 3:	• Day 2: Presentations
Section 4:	• Terms, Practice and Resources
Section 5:	• Tools

SECTION 1

Introduction

Supporting Realistic Behaviour Change

Supporting Realistic Behaviour Change: Minimal Intervention Training

Acknowledgements

This resource was revised in 2018, with the support of HPEI Primary Care and Chronic Disease Section, following advice provided by facilitators Bernadette Campbell, Carolyn Knox, Bethany MacIsacc, Heather Mills and Mary Nisbet, with former Healthy Living Coordinator and Project Lead, Nancy Malcolm Sharratt. The program was originally developed with financial support and staff expertise of the Prince Edward Island Department of Health and Wellness, Sport, Recreation and Healthy Living Division, and Health PEI, Community Health Division (formerly Primary Health Care and Mental Health and Addictions).

Nancy Malcolm Sharratt
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Dr. Michael Vallis is a registered health psychologist practicing at the Capital Health, Halifax, and cross-appointed to Dalhousie University as associate professor in family medicine and psychiatry and adjunct professor in psychology and health and human performance. He obtained his Ph.D. from the University of Western Ontario, London, and his main area of expertise is in adult health psychology, with a clinical emphasis on diabetes, obesity, cardiovascular risk and gastroenterology.

Dr. Vallis has developed the Behaviour Change Institute, a training program for lifestyle counselling skills for physicians, nurses, dietitians, and other healthcare providers. He regularly supervises clinical and academic students at Dalhousie and is active in research on motivation, behavioural change, and adaptation to chronic disease. He is an associate editor of the Canadian Journal of Diabetes; the Canadian lead for the Diabetes Attitudes, Wishes and Needs 2 study (DAWN2); the Canadian co-lead and on the International Steering Committee of the IBD Connect project; and was recently awarded a Queen's Diamond Jubilee Medal by the Canadian Diabetes Association.

Pre-Program Thoughts - Confidential

The *Supporting Realistic Behaviour Change Program* is a practical, skills-based program based on health behavioural research. You will benefit the most from this training by applying the skills being taught to actual situations you encounter in your work.

This questionnaire is intended to assist that process and is for your own information only.

Think of a situation you have dealt with at work or your personal life where a health outcome depends on behaviour change but it has been difficult to make progress.

What is the health condition to be addressed?

What outcomes do you want you/your client to achieve?

How interested is the individual in making these changes?

What are some of the major complicating factors for the individual?

What strategies have you used to help the individual make these changes?

How has that worked to date?

How would you describe your relationship with the individual in regards to working on these changes?

How does working on these changes with this individual make you feel?

Slide Bullets

Day 1 Slide 12: NONADHERENCE IS NORMAL

- How old is a child when they first declare:
YOU ARE NOT THE BOSS OF ME!
- What are amongst a child's first words:
NO!
ME DO!
- The more you tell someone what to do, the more they

Day 1 Slide 16: What Does Self-Management Support Really Mean?

- Fundamental change in the relationship between the individual and the healthcare provider
- From: Expert clinician with uninformed help seeker
 - "Let me tell you what you need to do"
 - "Let me tell you what you need to know"
- To: We both have a role to play
 - "I understand you make your own decisions and I respect that. May we have a conversation about your health?"

Day 1 Slide 26: Express Empathy

- It is not about exploring and validating feelings
- It is about getting the person to listen to you by first listening to them
- Step 1:
 - Listen and summarize, validating attitudes and motivation
- Step 2:
 - Invite the person to consider the other side, thereby facilitating change talk

Slide 32: Assessing Readiness

- Assessing Readiness
- Understanding the Behaviour
 - Personal meaning
 - Seriousness, personal responsibility, controllability, optimism
- Expanding on Readiness
 - Personal meaning, reasons to change
 - Willingness to work hard, connect to principles
 - Delay of gratification
- Decisional balance (Pros and Cons)

Day 2 Slide 7: Working with the Behaviour: Behaviour Modification

- Defining or goal setting
 - ▶ SMART GOALS
 - ▶ Specific, Measurable, Achievable, Relevant, Timely
- Shaping
 - ▶ Importance of NEXT STEP
 - Doable to the patient
 - Meaningful to the health provider (leads to desired clinical outcomes)
 - Successes follow successes and lead to self-efficacy

Day 2 Slide 18: Working with the Behaviour: Behaviour Modification

- Goal Setting
 - SMART goals
 - Specific, measurable, achievable, relevant, timely
- Shaping
 - Importance of NEXT STEP
- Stimulus Control
 - Respecting the environment
- Reinforcement Management

Day 2 Slide 31: Emotion Management


- It is not Psychotherapy
- Your role is best delivered in the following manner:
 - Identify and label
 - Educate
 - Recommend
 - Support
- Dealing with unhealthy coping strategies:
 - Recognize the value of unhealthy behaviour and focus on replacing the function
- Stress Management
 - ▶ Physical discharge (activity)
 - ▶ Physical calming
 - ▶ Express emotions
 - ▶ Seeking social supports

SECTION 2

Day 1:

Presentations


Supporting Realistic Behaviour Change



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Supporting Realistic Behaviour Change

Minimal Intervention Training → Day 1



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Day 1 Agenda

- Thinking about Behaviour Change
- Introduction to the SRBC Program and Manual
- Skills Training:
 - Relationship Skills:
 - Asking Questions; Expressing Empathy; Non-judgmental Curiosity; Sitting with Ambivalence; Avoiding Argument
 - Behaviour Change Skills:
 - Assessing Readiness; Expanding on Readiness and Weighing the Pros and Cons of Changing Behaviour; Supporting Self-efficacy; Dealing with Barriers and Temptations



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Thinking about Behaviour Change

- Refer to "Pre-Program Thoughts" in Section 1 of the Participant's Manual

Introduction to the SRBC Program and Manual

- Overview and Purpose of the SRBC Program
- SRBC Program Background
- What does it mean to support Self-Management?
- Skill Sets Necessary to Support Self-Management
 - Behaviour Change Skills
 - Relationship Skills

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Overview of the SRBC Program

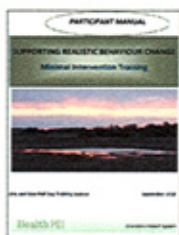
- 1.5 days workshop
 - Co-developed and led by experienced health providers
 - Videos by Dr. Michael Vallis, PhD in Health Psychology
 - Large/small group discussions
 - Opportunities to practice skills
 - Tools to support SRBC approach

- Participant Manual

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Participant Manual



- Hard copy of algorithm
- Presentations
- Terms and Practice
 - Terms, examples, suggestions for practice
- Tools
- Resources

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Purpose of the SRBC Program

- To provide training in skills that support clients ability to self-manage
 - Why it is important to support self-management
 - How supporting self-management changes the health provider/client relationship
 - Skills that support a self-management relationship
 - Skills to guide behaviour change and maintenance
 - Tools and resources to support continued practice

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Change in Health Provider/Client Relationships to Support Self-Management

Traditional relationship

Health Provider
Expert

"Let me tell you what to do"

"Let me tell you what you need to know"

Client
Uninformed help seeker

Relationship that supports Self Management

Health Provider
Subject Expert; Works with client to support behaviour change

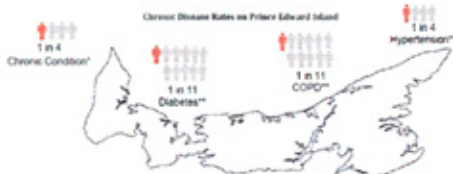
"I understand that you will make the decisions about your health and I respect that. May we have a conversation?"

Client
Expert on own life – goals, priorities, lifestyle; Participates in setting realistic goals and finding ways to overcome barriers

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Background: Why the SRBC Program Was Developed



Sources: **PEI Department of Health and Wellness (2016) *Province, Province, Province: PEI Chief Public Health Officer's Report 2016 - Technical Appendix*
 **PEI Department of Health and Wellness (2016) *Province, Province, Province: PEI Chief Public Health Officer's Report 2016 - Technical Appendix*
 **PEI Department of Health and Wellness (2016) *Province, Province, Province: PEI Chief Public Health Officer's Report 2016 - Technical Appendix*
 **PEI Department of Health and Wellness (2016) *Province, Province, Province: PEI Chief Public Health Officer's Report 2016 - Technical Appendix*

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"Healthy behaviour is abnormal behaviour" Dr. Vallis



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Determinants of Health

- Income
- Education
- Unemployment and job security
- Employment and working conditions
- Early child development
- Food insecurity
- Housing
- Social exclusion
- Social safety network
- Health services
- Aboriginal status
- Gender
- Race
- Disability

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Shifting Relationships with Clients

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Summary

- Behaviour is an important component of health care interventions
- Healthy behaviour is hard, success is not linear
- There are many barriers to meeting success
- The goals of health providers and clients may not be the same
- Curriculum and training for health professionals has not fully integrated behaviour change strategies

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Skills that Support a Self-Management Relationship

- Relationship skills (Motivational Interviewing):
 - Ask questions, minimize statements
 - Express empathy
 - Non-judgmental curiosity
 - Sitting with ambivalence
 - Avoiding argument
 - Rolling with resistance
 - Supporting self-efficacy

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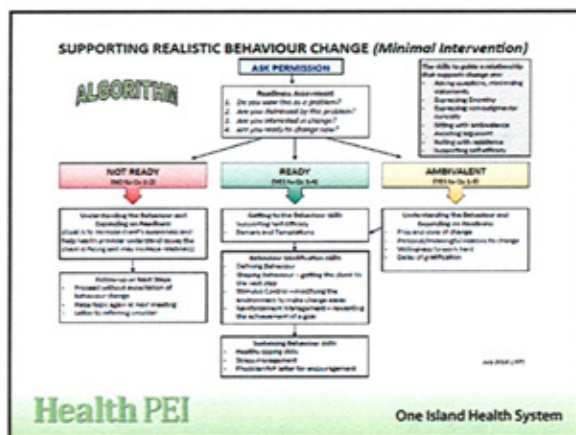
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Skills to Guide Behaviour Change and Maintenance

- Behaviour change skills:
 - Getting to the behaviour
 - Behaviour modification
 - Sustaining behaviour change

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Asking Questions, Minimizing Statements

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Questions go further!

- Gathers information and increases understanding of the client's situation
- Helps assess readiness, allowing the client to identify an appropriate starting place
- Reduces defensiveness and helps establish a client-centred relationship
- Stimulates a conversation about change

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Practice

- One person to act as the clinician, the other as the client
- Use a behaviour change situation from your personal or professional experience
 - First: As the clinician, practice **asking questions** to the client and shifting the relationship
 - Second: Reverse roles so both of you have the chance to be the client and the clinician

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Expressing Empathy

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Steps to Expressing Empathy

- Listen actively
 - Ask questions, make eye contact, truly try to understand what the client is saying
- Listen reflectively
 - Communicate what you hear: *'What I hear you saying . . .'*
- Summarize
 - Acknowledge the client's attitude/experience, is there a discrepancy between behaviour and goals or values?
- Invite the client to consider the other side
 - Respecting that they will make their own decisions

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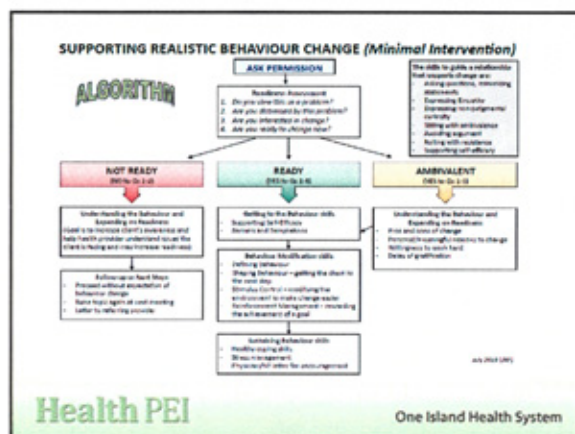
"When you plant lettuce, if it does not grow well, you don't blame the lettuce. You look for reasons it is not doing well. It may need fertilizer, or more water, or less sun. You never blame the lettuce. "

Thich Nhat Hanh

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Assessing Readiness to Change

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Traffic Light Assessment

■ **Red** Light:
 ■ No to Q's 1-2

■ **Yellow** Light:
 ■ Yes to Q's 1-3

■ **Green** Light:
 ■ Yes to Q's 1-4



1. Do you view X as a problem?
2. Are you distressed by this problem?
3. Are you interested in change?
4. Are you ready to change now?

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Practice

Work in pairs. Take turns practicing asking the four questions to assess readiness.

- Do you view X as a problem?
- Are you distressed by this problem?
- Are you interested in change?
- Are you ready to change now?

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When Clients are **Not Ready**

- Goal for health provider – a better understanding of the client, keep the conversation going, without pressure
- Goal for client – feeling decisions are respected, opens door to further discussion
- Letter for referring providers *when there is no interest in change*
- "I respect that you will make the decisions about your health. My role as your health provider is to raise concerns. I'm here if you'd like to explore this more in the future."

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Referral Response Letters (Tools 3&4)

Sample Response Letter: Client Not Ready for Change

Hi [Name],
I'm [Name], your health provider. I'm writing to you because I'm concerned about your health. I've noticed that you've been having some trouble with [Symptom/Condition]. I want to make sure you're getting the best care possible, so I'm reaching out to you now.

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Santé I-P-E

Hi [Name],
I'm [Name], your health provider. I'm writing to you because I'm concerned about your health. I've noticed that you've been having some trouble with [Symptom/Condition]. I want to make sure you're getting the best care possible, so I'm reaching out to you now.

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Non-judgmental Curiosity

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Summary

- "Should", apologize, guilt, shame all undermine behaviour change
- Use curiosity to explore behaviour
- Guide client to ask for help to move forward
- Respect client's decisions
- Be particularly conscious of any underlying judgments you may have or display when dealing with clients from other cultures or gender.

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Sitting with Ambivalence

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Summary

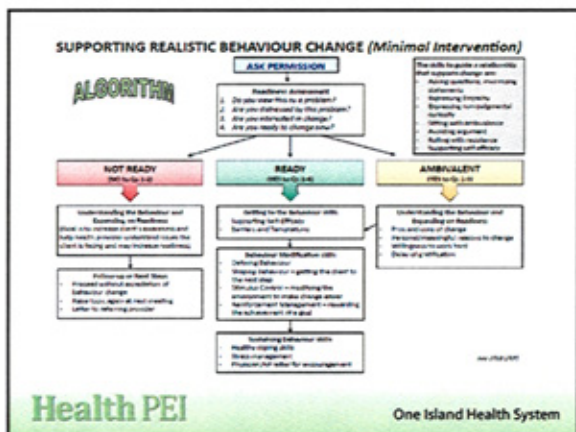
- There are reasons to change and reasons to maintain unhealthy behaviour
- There are pros and cons to everything; It is normal to feel ambivalent about change
- Exploring both sides
 - Strengthens clients' reasons for change and prepares them for challenges
 - Helps them find their own motivation and keeps expectations realistic

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Expanding on Readiness and Weighing the Pros and Cons Of Changing Behaviour

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Expanding on Readiness (Tool #5)

EXPANSION OF THE BLOOD VESSEL

1. Why do you want to change? What are some of the reasons you're willing to do the work to change?
2. How much are you willing to invest to change?
3. Are you willing to do the work, even when it's not fun?

How difficult was your effort to the road to change?

Year (continued)	Revenue in the year ended
2011	2011

terms of general macroeconomics.

Student responsibility for quality assurance	or	Student responsibility for quality assurance
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Generalizability

Downloaded from <http://ajphaphysocpharm.sagepub.com> at 11:01 11 November 2014

Keywords: social support; coping strategies; self-esteem

For Ready to serve, it's either your serving size (one cup) and your total distribution, or your total volume, but a constant volume is always

Finally, to provide a challenge to the challenges of strong individualism

Key words:
 The following table lists the key words for this article.

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Journal of Internal Medicine 255: 105–112

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Weighing the Pros and Cons of Changing Behaviour Tool #6

Weighting the Pros and Cons of Changing Behaviour and Importance / Confidence Scales

[illegible]

Worksheet: Pre- and Post-Test Scoring Rubric		
Item	Pre-Test Score	Post-Test Score
Item 1	0/1	1/1
Item 2	0/1	1/1

Importance: *C. rubrum* is highly important to the health of the community. It is a highly contagious disease that can be spread by direct contact with the infected person or by contact with their secretions. It is also spread by contact with contaminated objects. The disease is most common in children and young adults. It is a highly contagious disease that can be spread by direct contact with the infected person or by contact with their secretions. It is also spread by contact with contaminated objects. The disease is most common in children and young adults.

The English language is a complex system. It is a language that is constantly evolving and changing. It is a language that is full of nuance and subtlety. It is a language that is full of life and energy. It is a language that is full of hope and possibility. It is a language that is full of love and compassion. It is a language that is full of everything that makes us human.

Re-implementing and re-evaluating integrated curriculum is a good strategy for a high school of science.

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Importance / Confidence Scales



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Self-Efficacy

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Self-Efficacy

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Self-Efficacy

- Self-efficacy refers to a person's belief in their ability to change
- The strongest predictor of future behaviour is past behaviour
- People are more able to engage in changing behaviour when their self-efficacy is higher.
- Focus on increasing self-efficacy rather than the behaviour to be changed

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Assessing Self-Efficacy

- To be predictive of change, confidence has to be assessed in a highly specific way
- Self-efficacy is the confidence to perform
 - A specific behaviour
 - In a specific context
 - For a specific time period
 - AND in the face of specific barriers

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Barriers and Temptations

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Action Coping Plan Tool #7

Action / Coping Plan

Use this tool to create a plan to help you cope with a problem or situation. It will help you to think about the problem and the coping plan you want to use.

1. What is the problem or situation?

2. What are the feelings or thoughts that you have about the problem or situation?

3. What are the coping strategies that you want to use?

4. What are the coping strategies that you want to use?

5. What are the coping strategies that you want to use?

6. What are the coping strategies that you want to use?

7. What are the coping strategies that you want to use?

8. What are the coping strategies that you want to use?

9. What are the coping strategies that you want to use?

10. What are the coping strategies that you want to use?

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Practice

- Identify a behaviour to change.
- What barriers make it hard to sustain the desired behaviour change?
- What situations and factors tempt that may tempt someone to abandon the desired behaviour?
- What can they do to address these barriers and temptations?

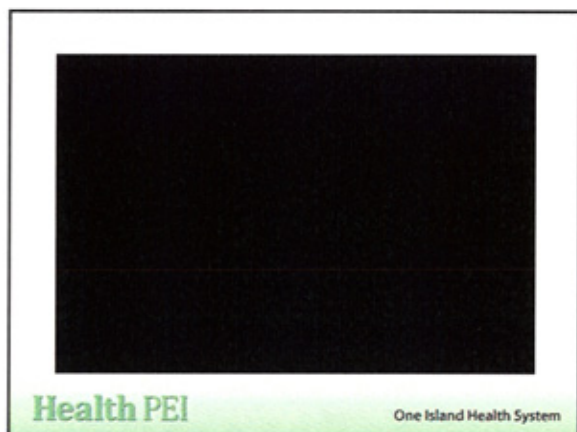
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Avoiding Argument

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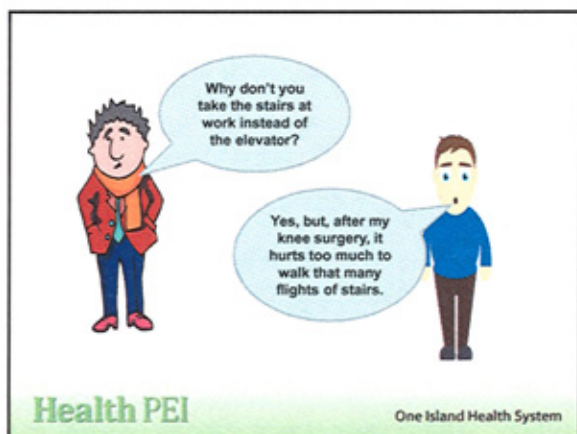
Summary

- Listen for 'Yes... but' and opportunities to reinterpret without argument
- Help them work through their challenges and focus on commitment to change

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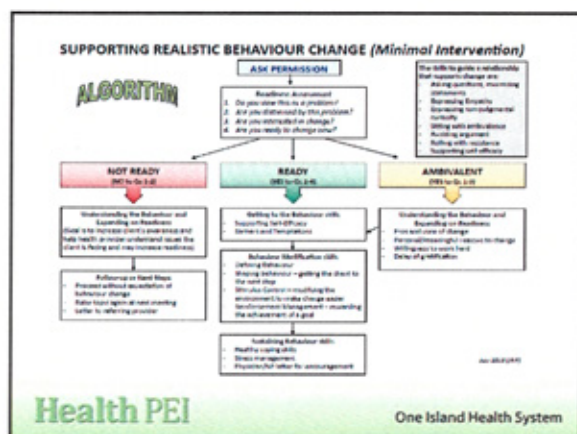
Changing "Yes, but . . ." to "No, because . . ."

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How do you become comfortable using these skills?



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Review and Practice

- Pages 1-12 in Participant's Manual provides more detail and review of topics discussed in Day 1
- Pages 19-22 provide suggestions for practice
- Many videos available on Vimeo; search Michael Vallis

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Day 2 Agenda

- Review practice of skills discussed today
- Last two relationship skills
 - Rolling with resistance, supporting self-efficacy
- Behaviour modification skills
 - Defining and shaping behaviour; stimulus control; reinforcement management
 - Sustaining behaviour skills and emotion management
- Conclusion

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Next Steps



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SECTION 3

Day 2:

Presentations

Supporting Realistic Behaviour Change

Supporting Realistic Behaviour Change

Minimal Intervention Training → Day 2

Day 2 Agenda

- Day 1 Review
- Skills Training:
 - Behaviour Change Skills:
 - Behaviour Modification Skills: Defining the Behaviour, Sharing Behaviour, Stimulus Control, Reinforcement Management
 - Sustaining Behaviour Skills
 - Relationship Skills:
 - Rolling with resistance, Supporting Self-efficacy
- Putting Skills Into Practice
- Conclusion and Evaluation

Review: Purpose of the SRBC Program

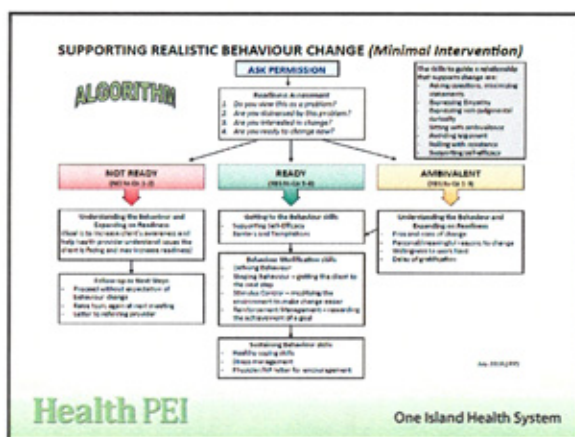
- To provide training in skills that support clients' self-management
 - Why it's important to support self-management
 - How self-management changes the health provider/client relationship
 - Skills that support a self-management relationship
 - Skills to guide behaviour change and maintenance
 - Tools and resources to support continued practice

Day 1 Review

- Overview of Supporting Realistic Behaviour Change
 - Shifting the relationship to support self-management
- Behaviour Change Skills:
 - Assessing Readiness; Expanding on Readiness and Weighing the Pros and Cons of Changing Behaviour; Supporting Self-efficacy; Dealing with Barriers and Temptations
- Relationship Skills:
 - Asking Questions, Minimizing Statements; Expressing Empathy; Using Non-judgemental Curiosity; Sitting with Ambivalence; Avoiding Argument

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Behaviour Modification:

Defining and Shaping Behaviour

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SMART Goals

- **Specific and Simple:** What I am trying to accomplish...
- **Measurable:** What effect will my goal have on my life...
- **Attainable and Action-oriented:** Is my goal a challenge but still possible to achieve? What actions are required for me to meet my goal...
- **Realistic and Relevant:** Is my goal realistic and within my resources at hand? Am I willing to commit to my goal?
- **Time Specific:** How much time will it take me to achieve my goal?

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My SMART Goal

Specific and Simple: What I am trying to accomplish...

Measurable: What effect will my goal have on my life...

Attainable and Action-oriented: Is my goal a challenge but still possible to achieve? What actions are required for me to meet my goal?

Realistic and Relevant: Is my goal realistic and within my resources at hand? Am I willing to commit to my goal?

Time Specific: How much time will it take me to achieve my goal?

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Behaviour Shaping

- Clinical goals vs. goals which may be more realistic starting places for the individual
- Moving client toward clinical goals:
 - "Are you confident you can maintain current (change)?"
 - "Are you ready to challenge yourself to a little more?"

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Identify a behaviour to change.
Work through the SMART goal template.

What would the Next Step goal be?



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Rolling with Resistance

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Summary

- Take generic advice and personalize it to fit the individual's situation
- Instead of confronting resistance to change, try to understand the individual's reasons
- Reinforce efforts and work together to overcome barriers
- Explore problems encountered as opportunities to learn

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Handling Some Common Types of Resistant Behaviours

- Argument
"I don't believe you"
- Interruption
Talks over you
- Defensiveness
"I'm getting older, you have to expect things to go wrong with your health"
- Ignoring
Inattention, not answering

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Behaviour Modification: Stimulus Control Reinforcement Management

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Working With the Behaviour: Behaviour Modification



- Goal Setting
 - SMART GOALS
 - Specific, measurable, attainable, relevant, timely
- Shaping
 - Importance of NEXT STEP
- Stimulus control
 - Regulating the environment

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Summary

- Stimulus Control
 - Recognizes the power of the environment and effect it has on behaviour
 - Identify barriers/temptations and make a plan to control the environment (stimulus) so it's easier to make healthy choices
- Reinforcement Management
 - Reward positive outcomes
 - Support clients to set rewards for meeting goals
 - Identify rewards that are small, meaningful to client

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Practice

- Use the 'Action/Coping Plan' Tool # to work through some barriers that can be controlled by stimulus control
- What are ways to reinforce the changed behaviour?

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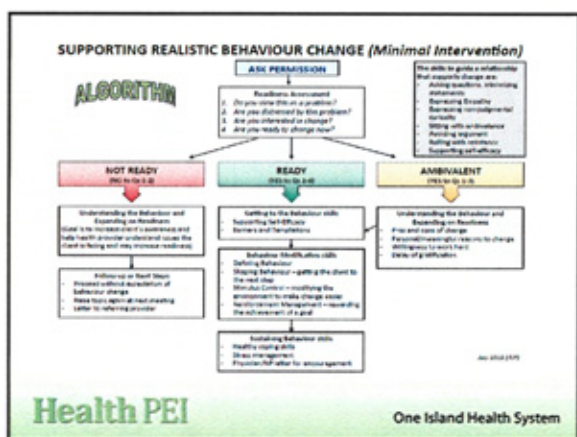
"You can still eat ribs on your diet, but only if they come from a bee, tadpole or hummingbird."

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Supporting Self-Efficacy

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Audio

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Self-efficacy

- The strongest predictor of changed behaviour is self-efficacy.
- Self-efficacy is a person's confidence to
 - perform a specific behaviour
 - in a specific time period and
 - in the face of specific barriers.

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Self-efficacy check list

Were the women able to:

- Physically perform the behaviour
- Perform the behaviour for a specific time
- Overcome barriers to perform the behaviour
- Cope with any challenges that arise
- Incorporate the new behaviour into daily activities

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Ways to Increase Self-efficacy

- Draw on past behaviour change successes
- Being inspired by the success of others
- Building on small successes
 - On a scale of 1 – 10 an individual's confidence of success should be 7 or 8. If it is lower, how can the goal be modified to increase confidence? Success is more important than the actual goal.
- Having a 'buddy' to share support and motivation

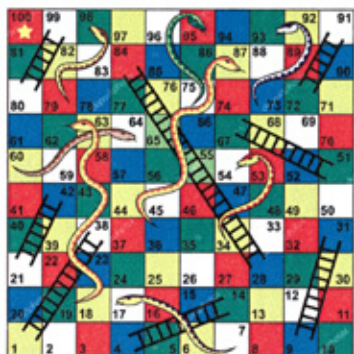
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Sustaining the Behaviour Change and Emotion Management

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Managing Emotions

- Many unhealthy behaviors serve a purpose
 - Helping cope with stress, anxiety, boredom, fitting in
 - ...
- Support the individual to replace purpose of the unhealthy behaviour:
 1. **Identify** the unhealthy coping skill
 2. **Educate** about difficulty in sustaining behaviour change
 3. **Recommend** and work to find healthy ways to cope
 4. **Support** healthy coping skills

Health PEI

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Managing Stress

- Help the individual recognize the link between stress and self-care
- As stress increases, healthy behaviours may decrease
- Encourage healthy ways to manage stress:
 - Physical activity
 - Physical calming
 - Expressing emotions
 - Seeking social supports

Health PEI

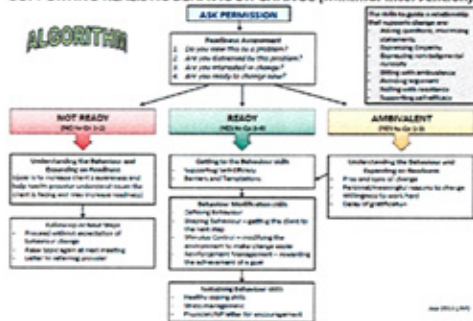
One Island Health System

Putting 'Supporting Realistic Behaviour Change' into Practice

Health PEI

One Island Health System

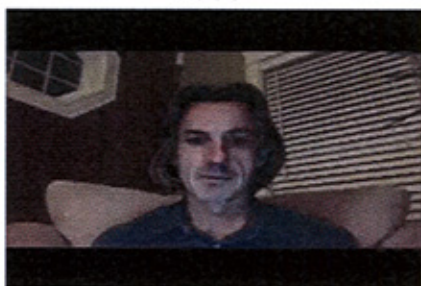
SUPPORTING REALISTIC BEHAVIOUR CHANGE (Minimal Intervention)



Health PEI

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Video



Health PEI

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Group Case Study

Identify a situation you commonly deal with in your work where a health outcome depends on behaviour change and it is difficult to make progress:

- What health condition is to be addressed?
- What outcome do you want your client to achieve?
- What are some of the major complicating factors for the individual?

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Discussion

- What are one or two skills that we have discussed that you particularly like and will find useful?
- Are there one or two skills that you struggle with?

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Final Words of Advice about Supporting Behaviour Change

- It's not about health providers, it's about our clients
- Is easy to start but hard to continue
- Knowledge is not enough
- Advice is not enough
- Shame is toxic to behaviour change
- Health is not the driving force – health beliefs are
- Don't work harder than your clients

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How do you become comfortable using these skills?



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Review and Practice

- Pages 12-22 in Participant's Manual provides more detail and review of topics discussed in Day 2
- Pages 19-22 provide suggestions for practice
- Many videos available on Vimeo; search Michael Vallis

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Conclusion and Evaluation



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SECTION 4

Terms, Practice & Resources

Supporting Realistic Behaviour Change

TERMS DISCUSSED

The following description of terms discussed in this training is provided as a reminder of the information presented. They are listed in order discussed in the Supporting Realistic Behavior Change training. You may find that Dr. Vallis uses complex terminology. To facilitate learning, many of the terms have been adjusted to for non-experts.

Minimal intervention, or supporting realistic behaviour change, skills are intended to be used by health providers who typically have only a short time to work with clients to promote health behaviour change. This is not intended as in-depth counseling, but recognizes the difficulty of making long-term changes in behaviour and the readiness of clients to make such changes. As clinicians become comfortable, the counseling often becomes more in-depth or the client may be referred to other services.

Supporting realistic behaviour change (minimal intervention) skills are based on well-established behaviour change theory including Prochaska and DiClemente's stages of change (1984): (Pre-contemplation, Contemplation, Preparation, Action, Maintenance, and Relapse); the 5 A's (Ask, Advice, Assess, Assist, and Arrange), and; the 5 R's (Relevance, Risks, Rewards, Roadblocks and Repetition).

Professional training programs based on these theories are often scripted, such as the Stanford Model (Living a Health Life Program in PEI). Instead, this program introduces the theories of behaviour change to allow the greatest possible flexibility and creativity in their application (i.e., rather than following a script, health providers fall back to their theory to guide their client to next steps).

There are four skill sets within supporting realistic behaviour change (see definitions below):

- ✓ **Shifting the Relationship:** Known as 'motivational interviewing'; a client-centered counseling technique that enhances an individual's self-determined motivation to change, by exploring both the pros and cons to change and strengthening the reasons that support change.
- ✓ **Getting to the Behaviour:** 'Motivational enhancement'; techniques to enhance an individual's motivation to change.
- ✓ **Supporting Behaviour Change:** 'Behaviour modification' or 'behaviour shaping'; techniques that help the client actually make changes.
- ✓ **Sustaining the Change:** 'Emotion management' or 'maintenance'; techniques to help an individual sustain the changes they have made.

‘Realistic’ means that goals are not based on a clinical ideal but on the reality of where the client ‘is’ now and what the reasonable next step is for the client.

Example: Someone who has just recovered from a heart attack may not be ready to cope with dramatic dietary changes; his/her priority may be learning to deal with physical changes and emotional distress. He/she may be ready to discuss diet at a later date.

‘Sustainable’ means not focusing on the behaviour that will get to the goal the quickest but on the behaviour that will last the longest.

Example: Quitting smoking is often the most important step an individual can take to improve lung function. However, a client may not be ready to discuss quitting smoking but may be interested in walking with a friend. As confidence (self-efficacy) builds, he/she may be willing to quit smoking at a later date.

Supporting self-management (change-based relationships) shifts the relationship from one where the health provider tells the client what to do to a relationship that acknowledges and respects the client’s right to make his/her own health decisions. Developing a collaborative relationship is fundamental to supporting behaviour change. While health providers have expertise on the health condition, clients are experts on their lives. The goal of this program is to translate generic health advice to something clients can successfully apply in their lives.

Motivational interviewing or relationship skills help to establish a relationship that supports behaviour change with clients. Motivational interviewing (Miller & Rollnick, 2002) and motivational enhancement are more time-intensive and accredited behaviour modification techniques, often used with people who have substance abuse issues and where resistance to change is high. This program introduces the concepts but is not intended as in-depth study.

Motivational interviewing or relationship skills include:

- asking questions and minimizing statements
- summarizing and expressing empathy
- expressing non-judgmental curiosity
- sitting with ambivalence (accepting that there are pros and cons to changing behaviour)
- avoiding argument
- using resistance as an opportunity for learning rather than trying to change, and
- supporting self-efficacy

Motivational enhancement skills are used to help clients expand on their readiness to change as discussed in ‘Getting to the Behaviour’ below:

Behaviour Change Skills:

Of the three behaviour change skill sets, “getting to the behaviour” generally takes the most work. Once the individual is ready to make changes, the behaviour modification skills used are more technical. Emotion management, a skill set to help sustain behaviour change, involves providing psychosocial support.

1. Getting to the behaviour involves:

- assessing clients’ readiness to change
- working with clients to find a motivation to change that is meaningful to them
- building their confidence that they can change their behaviours.

These skills include:

- assessing readiness to change
- understanding the behaviour
- expanding on readiness
- weighing the pros and cons of behaviour change
- supporting self-efficacy
- considering barriers and temptations

2. Supporting behaviour change skills are used to guide new behaviours.

These skills include:

- defining goals
- shaping goals (moving the client forward to reach the clinical ideal)
- stimulus control (recognizing and controlling access to behaviour triggers)
- reinforcement management (rewarding small steps)

3. Sustaining the change include skills that help the client maintain the changed behaviour:

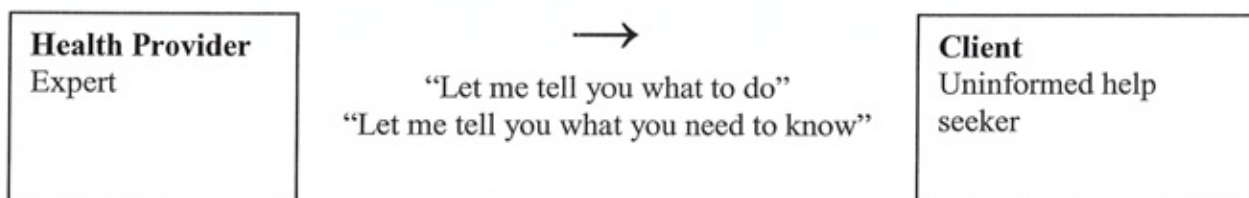
- unhealthy coping strategies
- stress management

Autonomy is the right to make one’s own decisions and express their free will. Supporting autonomy involves accepting and acknowledging that when it comes to change, it is the client’s decision.

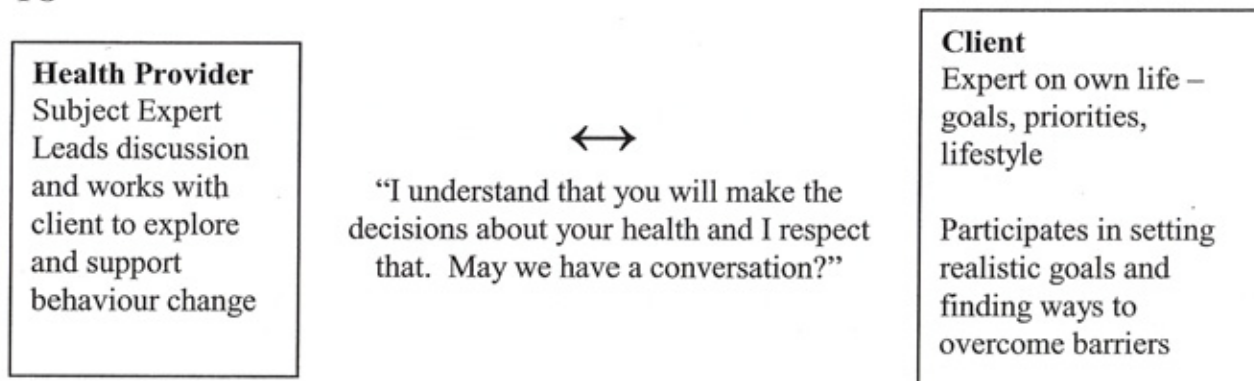
Change-based relationships shift the relationship from one where the provider tells the individual what to do to a collaborative and empowering relationship. Such a relationship recognizes that, while the provider is the expert on the health issue, the individual is the one who must incorporate the expert advice into his/her daily life.

In this way, the relationship changes:

FROM



TO



This collaborative relationship is the focus of the Supporting Realistic Behaviour Change Program training.

Motivational interviewing or relationship skills, support a change-based relationship between health providers and clients. The idea is to find a middle ground and be a guide by finding a balance between your knowledge as an expert and your compassion as a listener.

Motivational Interviewing or Relationship Skill: Asking Questions,

Minimizing Statements recognizes the individual's autonomy or right to make his/her own decisions. When autonomy is threatened, people may feel judged and become defensive. In the video, when Dr. Vallis tells his client 'we have decided you should stop smoking', the client exhibits defensive behaviour when he crosses his arms across his body, sits back in his chair, and begins to justify his smoking,

In the second example, Dr. Vallis models this skill by asking questions to determine the client's interest. By listening to the client and trying to understand his perspective, Dr. Vallis helps the client identify his own goal.

But his smoking is a more critical health problem! Remember, sustainable change does not mean focusing on the behaviour that will get to the goal the quickest but on the behaviour that will last the longest. Setting achievable goals and building on small successes helps the individual gain confidence and become prepared to take on larger challenges (see self-efficacy). A person is

more likely to be successful when they are personally motivated to change (see Importance and Confidence Scales).

What about ethical considerations if a person is doing/not doing something harmful? A collaborative relationship is built on mutual respect and communication. A provider can address ethical concerns in a non-threatening way by stating: “I respect that you will make the decisions about your own health but, as your health provider, I have some concerns. May we have a conversation about that?”

Expressing Empathy is a relationship skill that helps providers establish a relationship with their clients that allows a conversation about behaviour change. The term ‘empathy’ when used in this way does not mean getting drawn into an emotional response (‘what a hard time you’ve had’). Its purpose instead is to get the client to listen to you by showing them that you are listening to them.

An empathetic counseling style forms the foundation for an effective collaborative relationship between the health professional and client. Expressing empathy facilitates the change process by acknowledging:

- that the client is ambivalent to change (has mixed feelings)
- that ambivalence is normal and to be expected, and
- that as a health professional you accept the clients understanding of the problem.

The steps are:

1. Listen actively - Ask questions, make eye contact, truly try to understand what he/she is saying.
2. Listen reflectively - Understand the meaning of what the client is saying and communicate your understanding to the client – “What I hear you saying is...”
3. Summarize - Acknowledge the client’s attitude or experience. As the health professional, summarizing allows you to focus on the discrepancy between the clients current behaviour and their goals and values
4. Invite the client to consider the other side – “I understand that you have concerns about... and respect that you will make your own decisions. However, as your health provider, I do have some concerns. May we discuss them?”

Example:

Client: “I’m not sure about my child being immunized. I’ve heard people speak about bad effects.”

Provider: “It sounds like you’re confused about whether or not to immunize your child. I understand that you want to make the best decision for your child and respect that you will do that. As your health provider, though, I have concerns about not immunizing Billy Bob. Can we discuss this?”

Readiness to Change

When clients are not ready or have barriers that prevent them from changing, repeated education or direction may be frustrating for both health providers and clients. The Stages of Change Model (Prochaska and DiClemente, 1992) was developed in work with addictions and tobacco counseling and identifies different stages that people go through when changing behaviour.

The model informs health professionals that people go through a series of predictable steps as they work towards commitment to take action to change. Identifying where a client is at in terms of readiness to change helps understand the way they might be thinking about their current behaviour, and if they even considering changing.

The Stages of Change Model helps us redefine the meaning of success, i.e., meeting the client 'where they are at' and helping them confront the issues necessary to move a little closer to taking action or making changes. The health professional's goals are specific to the client's degree of readiness. For example, encouraging the client to take action and make changes will only be successful if the client is committed to take action. The following chart shows the 'stages of change' as you may be familiar with them along with the corresponding stage from the traffic light assessment in the tools section.

Stages of Change

Many health professionals are familiar with the stages of change. This table compares the terminology used in that model with that used by the traffic light assessment. Identifying where a client is at in terms of readiness to change helps understand the way they might be thinking about their current behaviour, and if they even considering changing.

Stages of Change	Traffic Light Assessment	What it means	Health Provider's Role
Pre-contemplation	Not ready	Change isn't even considered at this point	Engage in conversation. Ask if ready again next time.
Contemplation	Ambivalent	Recognition that there are pros and cons to change but no commitment	Engage in conversation to help client find personal motivation and discuss what behaviour change would take (hard work, time)
Preparation	Ready	Definitely interested, possibly tried making small changes such as cutting down on cigarettes, eating lower fat chips, etc.	Help identify reasonable goals, barriers and temptations and ways to cope
Action	Getting started on Behaviour Change and Behaviour Modification	Making changes, guidance helps build small steps forward and skills to overcome set-backs	Help identify realistic goals and shape next steps; support to learn ways to cope with challenges
Maintenance	Sustaining the Behaviour	Continuing to need support and to build skills to help get through challenges – behaviour change can take a long time before it becomes a new habit; may drift back to old unhealthy habits	Help client find healthy ways to deal with emotions without going back to old behaviours

Non-judgmental Curiosity is a relationship skill. There can be a great deal of perceived judgment in the medical context. Clients may feel judged when health providers make comments about habits such as smoking, or potential issues such as weight. In some cases, we refer to 'tests' such as for diabetes. The sense of 'pass/fail' is well ingrained in most people. Feeling judged leads people to feelings of guilt and shame and these emotions are toxic to behaviour change.

Be particularly conscious of any underlying judgments you may have or display when dealing with clients from another culture or gender. Clients may engage more easily in the conversation when health providers openly acknowledge that they may feel judged.

Example: "Do you perceive me as being judgmental? I realize it can seem like there's lots of judgment when we talk about health. I want to avoid that and I respect that you, as an individual, will make your own choices."

Showing curiosity by asking questions is intended to help clients explore their own behaviour and motivation by showing your sincere interest. The questioning is not intended to make clients feel uncomfortable and judged. Ask permission to explore the topic.

Example: “You say you’ve been feeling low in energy and a little depressed. Would you mind if I ask you a little bit about your exercise and sleep habits?”

Remember

To practice non-judgmental curiosity, ask questions that:

- Invite the client to explore his/her behaviour
- Guide the client to ask for help to move forward

Use questions like: “Why do you do that?”

Expanding on Readiness

The four questions to assess a client’s readiness to change one:

- Do you view x as a problem?
- Are you distressed by this problem?
- Are you interested in change?
- Are you ready to change now?

If the client says ‘yes’ to the first three questions but ‘No’ to the last one, it shows that he/she is ambivalent – or somewhat open to change but with reservations. The role of the health provider is to help clients find motivation that is personal and meaningful. Examples include being a good role model for their children, or being able to walk upstairs without getting out of breath.

Proceed carefully, letting clients know it is their own choice and that you respect that they will make their own decisions. Ask questions to help clients explore their own motivation.

Example: “What are some of the reasons you’d want to change?”

Watch for reasons that begin with “Well, my doctor says...,” or, “My husband/wife says...” In such cases, ask your client, “What about you? What do you say?” Be specific about asking clients how hard they are willing to work and what their expectations of change are. Also be wary of “yes, if only...” responses which are hidden “no” responses because they are not taking responsibility.

It's possible to say no to the first three questions and yes to the last, so ask all questions. (Example: someone who loves smoking doesn't want to stop, but is very motivated due to having child and wanting to set good example).

Examples:

"How hard are you willing to work?"

"What do you expect? Change can be hard, especially if you're not used to the behaviour."

"Are you willing to do the work now, even if you don't see the benefits?"

Decisional Balance (weighing pros and cons)

The decisional balance recognizes that change is rarely straightforward. Instead, there are:

- Advantages to changing behaviour
- Disadvantages to changing behaviour
- Advantages to NOT changing behaviour
- Disadvantages to NOT changing behaviour

Generally, the reasons to change are why people get started with behaviour change and the reasons not to change are why they stop.

This topic is discussed in more depth under the relationship skills skill 'sitting with ambivalence'. A tool to help lead a discussion about weighing the pros and cons of changing behaviour is also provided.

Sitting with Ambivalence is a relationship skill that involves recognizing that there are reasons to change and there are reasons to maintain unhealthy behaviour. Ambivalence is a normal part of the change process. To help clients on their journey to change, the goal at this stage is to explore both sides of the argument (the pros and cons of changing current behaviour) and to strengthen their reasons for change. In order to do this it is important to acknowledge the cons but move forward and spend more time on the pros of change.

Looking at pros and cons helps people find their own motivation, work through their challenges and be realistic about their expectations.

This can be a difficult skill to master and takes practice. Being comfortable with ambivalence allows us to support behaviour change without requiring the individual to "commit" to change. This means that the client can try new things and test them out. 'Cheerleading' may set up expectations and make the individual worry about disappointing you.

Remember:

To practice sitting with ambivalence, ask questions that:

- ✓ **Explore** clients' behaviour recognizing they have reasons to maintain their behaviour; support them to work through their challenges
- ✓ **Guide** clients by asking questions that encourage them to use their own motivation to overcome their challenges
- ✓ **Use** "I understand you will continue "to smoke". Are you okay with this?"
- ✓ **Avoid** cheerleading – it's easy but not helpful
- ✓ **Use** questions that draw out a client's ambivalence and puts both sides on the table

Self-efficacy refers to a person's belief in their ability to change. Specifically, self-efficacy is the confidence to perform

- a specific behaviour
- in a specific context
- for a specific time period
- AND in the face of specific barriers.

When you take this apart, you can see that is quite complex. To successfully change a behaviour, an individual needs to feel confident he/she will:

- physically perform the behaviour (*such as being able to walk*),
- perform the behaviour for a specific time (*for someone who is not used to being active, this might start as 5 minutes or up and down the driveway*)
- overcome barriers to perform the behaviour (*walking despite bad weather*),
- cope with any challenges that arise (*deciding to walk at the mall if the weather is bad*),
- incorporate the new behaviour into daily activities (*making walking a habit*)

Examples: Some ways that clients can be encouraged to find confidence in their ability to change include:

- Having successfully changed behaviour in the past (*having successfully quit smoking may help an individual find the confidence that he can become more active*).
- Being inspired by the success of others (*seeing family or friends reach their goals*).
- Building on small successes (*ensuring goals are achievable*). On a scale of 1 – 10 that they can achieve their goal, their confidence should be a 7 or 8. If it is lower, how can the goal be modified so they can be successful.
- Having a 'buddy' to share support and motivation (*such as a walking partner*).

The greater the person's self-efficacy, the more likely they will change. Evidence shows that focusing on self-efficacy rather than behaviour is more likely to lead to successful change.

Remember

To practice supporting self-efficacy:

- ✓ Help clients build on a sequence of small steps; it not always about doing more of the same activity
- ✓ Help clients find behaviours that they can be confident in and can both achieve and sustain
- ✓ Explore the point where they may encounter future barriers and use it to problem solve with them Example: How to overcome barriers such as winter weather or early evenings, to be active all year

NOTE: The Living a Healthy Life (Stanford) Program provides group support to help people set and work towards realistic goals. The program is based on the same behaviour change principles and can complement one-on-one counseling for clients who respond to a group setting. See the resource section for more information on this program.

Barriers and temptations: As you discuss the specific behaviours to be changed, you will start to uncover:

- Barriers to moving forward with the behaviour
- Temptations to give up on the new behaviour and return to the old behaviour

It is important to identify these factors so you can help the client:

- Recognize that they may encounter challenging circumstances or emotions
- Problem solve ways they can cope with their challenges
- Barriers and Temptations work against behaviour change; planning ahead prepares people and helps them cope with challenges

Often, what people call ‘excuses’ are very real barriers. For example, feeling tired at the end of a work day; if something like this is recognized as a barrier, the individual may be able to decide how to overcome it, such as going for a walk at lunchtime. It may be helpful to think of ‘temptations’ as ‘risky situations’ or situations that tempt an individual to slip back to the old behaviour or give up on the new behaviour.

Remember:

Use questions to draw out the Barriers and Temptations the client may face:

- ✓ Ask: “*What specific factors will get in your way of making behaviour change?*”
- ✓ Consider: situations, times, people, substances, etc. that will tempt you back to unhealthy behaviour. “*What would prevent you from...?*” “*How do you think you can?*”

Avoiding Argument - and rolling with resistance, discussed later, are essential principles of relationship skills (motivational interviewing) that allow clinicians to avoid situations where they find themselves arguing for change while their clients argue against it, somewhat like a 'ping pong match'. Signs of a motivational argument are responses to your suggestions like 'Yes . . . but . . .' (such as "Yes, I'd like to be more active, but I sweat so much."). Reinterpret such sentences as 'No . . . because' ("*So what I hear you saying is you are interested in being more active but avoid it because of sweating.*").

Such an approach allows the clinician to help clients work through challenges. ("*Are there any activities you could do where you wouldn't sweat so much?*") It focuses on the client's commitment to change while acknowledging his/her concerns and helps the client work through barriers.

Remember:

To avoid argument:

- ✓ Don't just restate your position
- ✓ Don't get into a 'ping-pong match' with your client

Look for opportunities to:

- ✓ Take a "Yes . . . but" and reinterpret to a say, "I think what you are telling me is that no you are not ready to do this because . . ."
- ✓ Focus on the client's commitment to make a change and help the client explore options

Defining Behaviour: Be specific about the behaviour to be changed using a tool such as SMART goals below. The behaviour should be action-oriented, and answer questions such as: What? Where? When? How much? How often?

'SMART Goals' is a tool that helps people re-frame their goals so they are clear and achievable. SMART Goals are:

Specific: People are more likely to accomplish their goals if very clear about what they want to accomplish.

Measurable: How can progress be measured? Measuring helps people stay on track, know that they have reached their target, and helps with motivation. Answer questions like 'how much', 'how many', how will I know if I've accomplished my goal?

Attainable and Action-Oriented: Is it possible to achieve the goal? The goal should be challenging yet possible to achieve. Is the goal an action (such as 'not eating after dinner' rather than a result like 'losing weight')? Larger goals can usually be broken down into small achievable steps.

Relevant and Realistic: Will the action help the client achieve his/her clinical goal? Is the goal within reach? Is client committed enough to the goal to put the effort into achieving it?

Timely: A target date helps keep a focus on the goal and contributes to a sense of accomplishment.

Examples:

A SMART Goal is **NOT**: *"I want to get in shape."*

A SMART Goal is: *"I want to become more physically active. I will start by seeing what introductory physical activity programs are available."*

A SMART Goal is **NOT**: *"I want to get healthier."*

A SMART Goal is: *"I want to drink more water and will begin by keeping a glass in the bathroom and drink water every time I'm in the room."*

The way in which goal setting is approached is important and may influence behaviour change. It is essential to be flexible in setting goals. It may be helpful to offer the client a number of action strategies to choose from rather than one plan. Individuals are more likely to achieve and maintain goals they set themselves.

The Living a Healthy Life (Stanford) Program has a simple action plan format that includes confidence in achieving the stated goal. Participants are asked to adjust their goals to have a confidence rating of 7 or 8 (on a scale of 1 – 10). They are encouraged to use empowering language, saying, "I will do...", rather than, "I'll try to..." See the *Living a Healthy Life Action Plan* in your Tools.

Confidence is when a client has determined a goal; ask how confident he/she is of accomplishing it on a scale of 1 – 10. See tools for more details.

Shaping Behaviour is the clinician intervention most likely to increase the client's self-efficacy (confidence in the ability to engage in new health behaviours). This involves helping the individual set a NEXT STEP goal which is doable in the client's eyes and significant to the clinician in leading to meaningful change in behaviour within a reasonable time frame. It may require negotiation to find a goal that meets both criteria.

The NEXT STEP goal helps to establish a sequence of events which the individual has successfully accomplished and helps build confidence: "I did the last step so I can do the next one." "I want to feel happier. I want to practice positive thinking. Before bed, three times a week, I will think of five things to be grateful for."

Remember:

Behaviour Shaping:

- ✓ Importance of next step for building confidence
- ✓ Build on sequence of successes
- ✓ Negotiate the client's doable versus the clinician's meaningful next steps
- ✓ Confidence: Refer to previous successes to build confidence to tackle new ones.
- ✓ Example, the goal is Eating Healthier and the client decides: *for the next week, I'll eat a salad at lunch for 6 of those days*. Using the confidence scale, the client may realize that 6 days/week doesn't allow much room for circumstances that may arise. You may agree that 3 days/week is more realistic and likely to be successful. Remember, the goal is to help the individual build confidence (self-efficacy) with small successes that lead to bigger change.
- ✓ Make it doable – the next step should not be bigger than previous steps
- ✓ Watch your expectations concerning:
 - Pace of change – individuals are turtles not hares
 - Number of behaviours on the table – keep it under 3!

Rolling with Resistance is a relationship skill that is closely linked to avoiding argument. It helps to create a setting in which the client is free to consider and voice their concerns regarding their unhealthy behaviour.

Instead of confronting a client's resistance to change, try to understand the client's reasons for not changing. The client will almost always have a very good and meaningful reason not to change. Resistance to change is generally motivated by the client's awareness of the downside of change, e.g., what will be lost by giving up the behaviour. Another source of resistance is low self-efficacy e.g., "it's not worth quitting smoking, I know I'll fail." Confronting resistance shuts down any discussion and is counterproductive to successful behaviour change.

Resistance is also minimized when the client is allowed to present their own understanding of the problems associated with the behaviour, and what they consider to be the most valid and acceptable solution.

Remember:

To practice rolling with resistance:

- ✓ Reinforce their effort to make change and continue working together to overcome barriers
- ✓ Take the generic behaviour change theories and personalize them to fit the individuals' situation
- ✓ When they come back with problems, roll with resistance and use it as an opportunity for learning
- ✓ Explore the point where they encountered barriers and use it to problem solve with them
- ✓ Support clients' self-discovery and opportunities to continue forward

For further examples of how to recognize and handle resistance, see the following tool: *Recognizing and Handling Resistant Behaviours* in this manual.

Stimulus Control recognizes the power of the environment in which individuals live and the effect it has on behaviour. Finding ways to control the environment (or stimulus), can make it easier to make healthy choices.

Example: An individual may choose to make some rules about buying and eating potato chips such as 1) not having them in the home so having to go out to eat them, 2) only buying a 75 gram bag at a time. In this way, the individual doesn't feel deprived – he/she can still eat chips - but it becomes more difficult to eat a full 300 gram bag as might happen while watching TV at home.

Example: An individual may decide to go for a walk after work but doesn't because there are so many other priorities when he/she gets home. In this case, the individual may decide to take walking shoes to work and walk either at lunch hour or before driving home.

It may also be beneficial to encourage the client to identify a support person who can assist them with making changes. A support person can be a husband/wife, family member, friend, or any other person who will support them in their efforts.

Support comes in many forms and from many different people. Advise the client that they might find that the people around them are very willing to help them achieve their goals but that they may be unsure about how to help. The client will need to let their support person know how to help. It is important to be specific. They have to let their support person know what they would like them to do or not to do. The request could go something like this: "I have decided to quit smoking. To quit for good I would like your help and support. Here is what you could do . . . would you be willing to help?"

The *Social Support for Making Changes* tool will help you work with clients.

Remember:

To support behaviour change by controlling their environment:

- ✓ Encourage clients to consider their environment and the availability of triggers
- ✓ Support problem solving to overcome the stimulus, control cravings, etc.
- ✓ Help the client identify the events, situations and people that elicit the unhealthy behaviour
- ✓ Make a plan to take control of these events, situations and people, to whatever extent possible
 - Specifically address availability of the behaviour
- ✓ Look for alternatives
- ✓ Identify barriers/temptations and make a plan

Reinforcement Management supports behaviour change by rewarding the achievement of a goal. The goal should be small enough to achieve and the reward should be meaningful enough to motivate the individual. A person who enjoys music may choose to reward him/herself with a CD or music downloads; someone who likes movies may want to go to a show.

Example: Someone who is quitting smoking may plan to reward him/herself by going to a movie when they have successfully quit for a week, and then again in a month and so on. Rewards can also be simple and cost free, such as planning time to relax or to visit with a friend.

Remember:

To support behaviour change by using reinforcement management:

- ✓ Reinforce positive outcomes
- ✓ Support clients to set rewards for meeting goals
- ✓ Help client identify rewards that are small, meaningful to the client
- ✓ Help the client identify specific behaviours or time frames to reward

Emotion Management: Individuals who have successfully changed behaviours may find it difficult to continue over time and begin to drift back to old habits. Continued success relies on the individual's ability to manage emotions in a healthy way. Whether or not the person is successful will depend on his/her:

- Self-efficacy or self-confidence
- Social support
- Ability to manage stress in a healthy way

The health provider's role is not psychotherapy but is to:

- Identify and label
- Educate
- Recommend
- Support

Unhealthy Coping Skills have a value in helping an individual cope with emotions. The goal of intervention is for the individual to replace the unhealthy behaviour with a healthy one that will still allow him/her to cope. *For example, a person who manages emotions by eating after dinner might decide to walk with a friend in the evening.*

Remember:

When supporting Emotion Management – Unhealthy Coping Strategies:

- ✓ Recognize the value of the unhealthy behaviour
- ✓ Start to look at replacing its function with healthier behaviour
- ✓ Consider your role to:
 - Identify and label unhealthy coping strategies
 - Educate
 - Recommend
 - Support

Stress Management: Generally, as stress goes up, health behaviours go down. Encourage clients to finding healthy ways to manage stress through:

- Physical discharge (physical activity such as sports, running, gardening, housework, etc.)
- Physical calming (quiet, calming activities such as taking time for reflection, possibly meditation or prayer; soothing music; being in nature, etc.)
- Expressing emotions (talking with others; journaling; painting; listening to or playing music, etc.)
- Seeking social supports (feeling connected with others such as visiting with friends; playing sports; volunteering, etc.)

Remember:

Ways to manage stress to sustain behaviour change:

- ✓ Physical discharge (activity)
- ✓ Physical calming
- ✓ Expressing emotions
- ✓ Seeking social supports

In the tools section, you will find an emotion management tool that will guide you and your client to “support replacing the function” and “stress management.”

Putting Minimal Intervention Skills into Practice

The skills presented in this program are intended to help health providers establish a relationship with clients that allow discussion about lifestyle behaviours.

These **relationship skills** (motivational interviewing skills) provide the context for an effective change-based relationship. Skills include:

- Asking questions, minimizing statements
- Expressing empathy
- Expressing non-judgmental curiosity
- Sitting with ambivalence
- Avoiding argument
- Rolling with resistance
- Supporting self-efficacy (also a Behaviour Change skill)

Behaviour change skills are an evidence-based technology to guide behaviour change.

- Getting to the behaviour
 - Assessing Readiness to Change
 - Understanding the Behaviour
 - Expanding on Readiness
 - Weighing Pros and Cons of Behaviour Change
 - Supporting Self-Efficacy
 - Considering Barriers and Temptations
- Working with the behaviour
 - Stimulus Control
 - Reinforcement Management
 - Defining the Behaviour
 - Shaping the Behaviour
- Sustaining the behaviour
 - Unhealthy Coping Strategies
 - Stress Management

Practicing in this way may be very different for you. Don't become discouraged if it takes time for you to feel comfortable with these skills. Just as you are asking clients to take small steps towards change, you may also be changing old habits and will benefit from setting small goals for yourself. The practice guidelines provided at the end of each session are intended to guide you in setting goals that are realistic and appropriate for yourself. Remember:

- These are guidelines and tools to add to your skill set. You will likely find them most useful when you encounter clients who are not sure about behaviour change. It is still appropriate to give direction or educate clients who respond well to those approaches.

- Don't worry about doing or saying things exactly the way they are shown in the videos. Strive to become comfortable with the principles of behaviour change and express them in your own words and with your own personality.
- Be transparent. Be comfortable in telling clients that there are well-researched methods that help guide successful change and work as a team. Sustaining realistic behaviour change respects that individuals are responsible for making their own choices within their capacity to do so. Even those who chose to do nothing are making a choice.
- Take small steps. It is more important to establish a series of small successes than to make big strides that will not stay.
- Some health providers express concerns about reaching clinical goals when clients determine their own realistic steps. Supporting realistic behaviour change is not intended to let clients 'off the hook'. Your relationship with clients goes both ways: these skills are intended to help you build a respectful, nonjudgmental and reciprocal relationship that allows you to know more about the client's reality so that the client is more open to listening to you. A way to phrase your clinical concerns is to ask: "I understand that you will make your own decisions but as your healthcare provider, I have some concerns about May we discuss them?" Asking permission allows the individual to feel respected and still in control.
- These are some of the things our team facilitators say about the benefits of using Supporting realistic behaviour change:
 - People come in and you can see how defensive they are, their shoulders hunched up; these skills help them relax so you can have a better conversation.
 - The skills help you learn to listen and develop individualized plans; I used to spend most of the time talking and handing out brochures.
 - Supporting realistic behaviour change gives you some tools to work with clients who you see again and again and never make progress. You don't feel as helpless.

Practice Suggestions

Minimal intervention refers to a group of skills that usually have to be practiced before people become comfortable in using them. Take some time to think about your work, your clients and your understanding of minimal intervention principles introduced in this program. Create a plan for yourself to practice and improve your skills.

Some practice suggestions:

- Read more about behaviour change
- Discuss the session with your co-workers
- Observe how you practice now. Choose one skill similar to the way you work with clients to start with, and build your skills and confidence.
 - ✓ Do you tend to ask questions or make statements?
 - ✓ Do you express empathy by listening, summarizing, and inviting your clients to consider another perspective?
 - ✓ Do you exercise non-judgmental curiosity by reassuring clients that you respect that they will make their own decisions, and helping them to explore their behavior?
 - ✓ Do you tend to be a cheerleader? Do you challenge clients with information? Are you comfortable “sitting with ambivalence?” When you’re helping people change their behavior, do you focus on the behavior or building their self-efficacy? Do you help people identify barriers and temptations and then problem-solve?
 - ✓ Do you notice clients becoming defensive or using “yes, but . . .” statements? Are the goals that you help clients define and set specific and measurable, answering what, where, when, how much, how long? Do you begin with small steps and build a sequence of goals that lead to significant change?
 - ✓ Do you recognize signs when the clients become resistant? Do you support them to learn when they encounter barriers? Do you help them find ways to control their environments to make the behavior change easier? Do you reinforce their behavior change by helping them identify small, meaningful rewards for achieving small goals?

- Practice the skills discussed in this session with your colleagues or family.
- Choose one or two clients and try practicing these skills with them. Note their reactions and observe their body language - how did it go? If you are comfortable, you may want to discuss this different approach with them and ask them how they feel about it.

Remember that you are more likely to practice if you make a **SMART** goal for yourself:

- ✓ **S**pecific
- ✓ **M**easurable
- ✓ **A**ttainable
- ✓ **R**ealistic
- ✓ **T**imely

Remember to use the Importance and Confidence Scales to set achievable goals and build confidence.

INDEX

Autonomy.....	3
Avoiding Argument	12
Behaviour Change Skills:	3
Change-based relationships.....	3
Confidence	13
Decisional balance (Weighing pros and cons)	9
Defining Behaviour.....	12
Emotion Management.....	17
Expanding on Readiness	8
Expressing Empathy	5
Minimal Intervention or Supporting Realistic Behaviour Change	1
Motivational Interviewing or Relationship Skill: Asking Questions, Minimizing Statements	4
Motivational interviewing or relationship skills	2
Non-judgmental curiosity	7
Practice Suggestions	21
Putting Minimal Intervention Skills into Practice	19
Readiness to Change	6
Reinforcement Management.....	16
Rolling with Resistance	14
Self-Efficacy	10
Shaping Behaviour.....	13
Sitting with Ambivalence	9
Stages of Change.....	6
Stimulus Control	15
Stress Management	17
Supporting self-management (change-based relationships).....	2
The Living a Healthy Life (Stanford) Program.....	13
Unhealthy coping skills.....	17

RESOURCES

The principles on which supporting realistic behaviour change, minimal intervention training is founded are well-established, particularly in tobacco and addictions counseling. Information is readily available online to support the different aspects of the work.

Evaluations of similar work (training health providers to counsel lifestyle change):

Greene, J, Hibbard, J, Alvarez, C, Overton, V. (2016) *Supporting Patient Behavior Change: Approaches Used by Primary Care Clinicians Whose Patients Have an Increase in Activation Levels*. Annals of Family Medicine. Vol 14, No 2, March/April 2016.

Miller, W. R. & Rollnick, S. (2002). *Motivational Interviewing, preparing people for change*. New York: The Guilford Press.

Prochaska, J. O. & DiClemente, C. C. (1992). *Stages of change in the modification of problem behaviors*. In M. Hersen, R. M., & P. M. Miller (Eds.), *Progress in Behaviour Modification*. 28(1), 84-218.

Rubak, S., Sandbaek, A., Lauritzen, T., Borch-Johnsen, K., & Christensen, B. (2009). *General practitioners trained in motivational interviewing can positively affect the attitude to behaviour change in people with type 2 diabetes. One year follow-up of an RCT, Denmark*. Scandinavian Journal of Primary Health Care, 27, 172-179.

Rubak, S., Sandbaek, A., Lauritzen, T., Borch-Johnsen, K., & Christensen, B. (2006). *An Education and Training Course in Motivational Interviewing Influence: A GP's Behaviour – ADDITION Denmark*. British Journal of General Practice, 2006; 56: 429-436.

Szpilfogel, Claudine. *An Interdisciplinary Community- Based Research Project in Nova Scotia*. Presentation available at www.optimizinghealth.org/documents/TCOOH2009CS.pdf

Thijs, G. A. (2007). *GP's consult and health behaviour change project. Developing a programme to train GPs in communication skills to achieve lifestyle improvements. Patient Education and Counseling*. 67(3), 267-71. Epub 2007 Jun 21.

Valis, Michael (2015) *Are Behavioural Interventions Doomed to Fail? Challenges to Self-Management Support in Chronic Diseases*. Canadian Journal of Diabetes 39 (2015) 330e334

Videos:

Search Michael Vallis videos on Vimeo. Most are available online.

Blogs and Newsletters:

The following are a selection of blogs and newsletters by practitioners who frequently discuss behavior change. Even if their topic of expertise is different than your own, you may benefit from their discussions about dealing with motivational issues.

Dr. Sharma's Obesity Notes <http://www.drsharma.ca/>

Search 'behaviour change' for discussions specific to supporting change.

Molly Kellogg, Counseling Tips for Nutrition Therapists and Health Professionals
<http://www.mollykellogg.com/professionals/>

Offers free counseling tips

Practice Pavestones Newsletter <http://taramacgregor.com.au/practice-pavestones-newsletter>

A free resource, produced to support practitioners to develop sound client centered counselling skills to facilitate effective client engagement and behaviour change.

SECTION 5

Tools

Supporting Realistic Behaviour Change

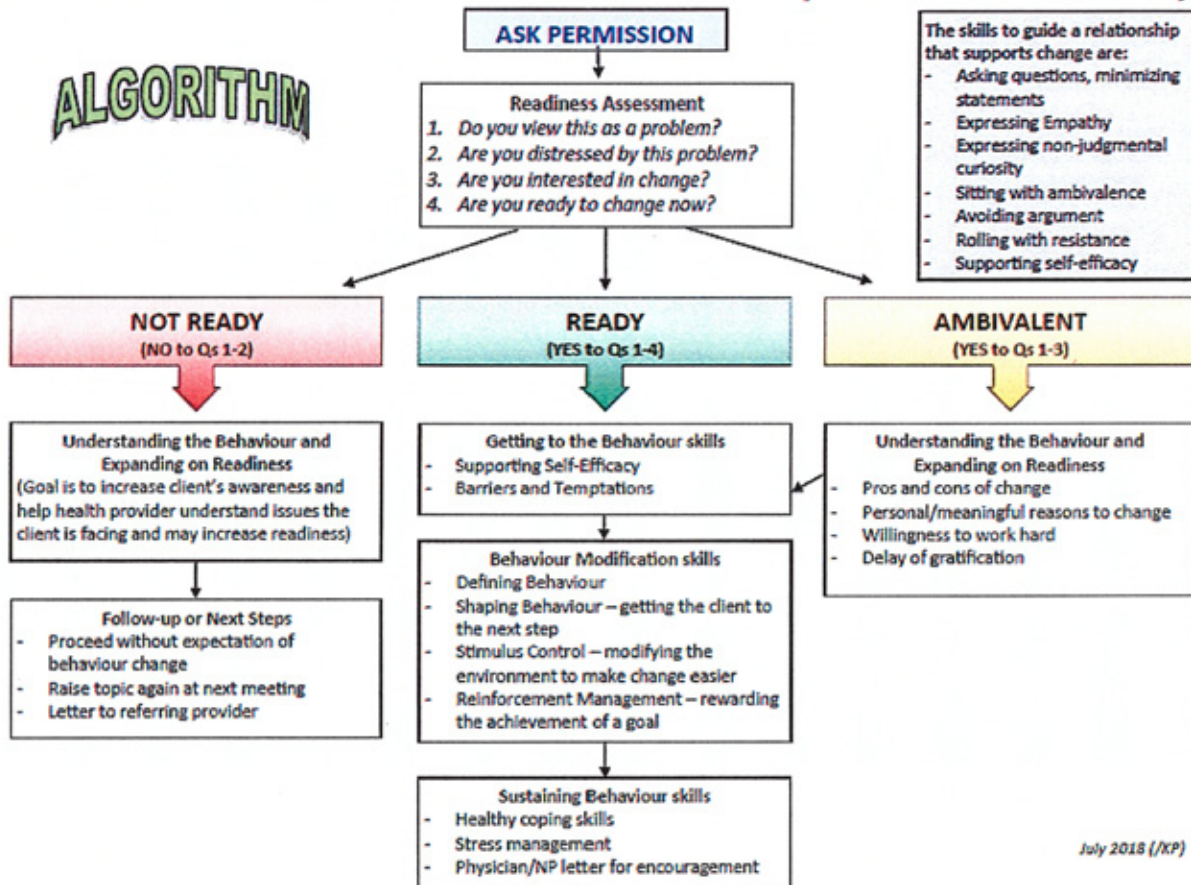
PARTICIPANTS' TOOLS

1. Supporting Realistic Behaviour Change Algorithm
2. Traffic Light Assessment
3. Sample Response Letter: When Client Not Ready for Change
4. Sample Response Letter: For Service Providers to Encourage Client's Efforts
5. Expanding on Readiness
6. Weighing the Pros and Cons of Changing Behaviour and Importance / Confidence Scales
7. Action / Coping Plan
8. My SMART Goal
9. Health PEI Self Management Action Plan
10. Living a Healthy Life Plain-Language Action Plan Form
11. Printable 'Don't Blame the Lettuce' and cartoons

Supporting Realistic Behaviour Change Algorithm

This algorithm provides an overview of the *Supporting Realistic Behaviour Change* program and is intended to help you determine how to proceed with your client. The algorithm is the first document in the binder. A full page version is provided at the beginning of the manual.

SUPPORTING REALISTIC BEHAVIOUR CHANGE (*Minimal Intervention*)



Traffic Light Readiness Assessment

This tool is intended to assess your client's readiness to change. The suggested questions below are a guide; use your own words to get to the answers.

1. Do you view x as a problem?
2. Are you distressed by this problem?
3. Are you interested in change?
4. Are you ready to change now?

Traffic Light Assessment

- **Red** Light:
■ No to Q's 1-2
- **Yellow** Light
■ Yes to Q's 1-3
- **Green** Light
■ Yes to Q's 1-4



GREEN LIGHT = The patient expresses an interest in change with little reservation.

➔ Proceed ahead with your agenda.

YELLOW LIGHT = The patient is open to change but with some reservations

➔ Proceed carefully, letting the patient know the choice is theirs.

- Why do you want to 'exercise at home'?
- How hard are you willing to work to "build exercise into your routine at home?"
- Are you willing to put the work in first, before you see the benefits?

RED LIGHT = The patient is not receptive to change, is resistant to what you have to say.

➔ Let the patient know this is okay; take a roadblock/choice perspective.

Proceeding under the RED LIGHT is the most challenging situation. Find ways to keep the dialogue going:

- ☑ "I can see that you aren't ready to 'exercise at home right now'. Is there any part of you that is uncomfortable with not 'exercising at home'?"
- ☑ "I respect that you will start 'exercising at home' when you are ready. Are you ready to starting moving towards this?"
- ☑ "Can you describe a situation where you would those to 'exercise regularly at home'?"
- ☑ "Many people feel judged when they aren't ready for change. Is this an issue for you?"

From the Behaviour Change Institute

Sample Response Letter: Client Not Ready for Change

In some cases, clients are referred repeatedly despite having been assessed as not interested or ready to become engaged in behaviour change. This letter was drafted to send to the physician/other health provider who made the referral to inform them of why you are not working with the client.

Health PEI
One Island Health System

Santé Î.-P.-É.
Un système de santé unique

Date

Physician / NP
Address
City, Province Postal

Dear Doctor/NP:

RE: Patient

MRN:

I have seen your patient _____, in regard to (the referral issues) _____.

My assessment involved both a standard assessment of (skill set of clinician) as well as an assessment of readiness to change. The readiness assessment helps determine whether or not the individual is ready to engage in the change process at this time.

Based on this assessment, he/she **does not see the advantage of change and is not ready to change at this time**. I acknowledged the individual's right to make decisions and recommend not proceeding at this time. We then had an open discussion to explore why he/she is not ready.

I will be pleased to re-assess the client if he/she expresses interest in change at a future date.

Thank you,

Service provider name, credentials
Contact information

Tool #4

**Sample Response Letter: For Service Providers
to Encourage Client's Behaviour Change Efforts**

Research shows that if a service provider lets their client know they are aware they are making efforts to change their behaviour, and offer the opportunity to let them know about their experience, this has a strong positive correlation to supporting their efforts. Most clients will only take 20 seconds to 1 minute of their appointment time to discuss their progress.

Health PEI
One Island Health System

Santé Î.-P.-É.
Un système de santé unique

Date

Physician / NP
Address
City, Province Postal

Dear Doctor/NP:

RE: Patient

MRN:

I have been seeing your patient _____, as requested. I have been using motivational techniques to encourage action planning for making and sustaining behaviour change. Your patient has set their own goals based on healthy lifestyle choices to reduce their risk of chronic disease.

My role is to encourage and support this patient in making their healthy lifestyle choices. I would encourage you as _____'s physician/nurse practitioner to show further support by **acknowledging his/her effort and asking how he/she is doing with the lifestyle goals**. Research shows that by you asking this question, and providing about two minutes to respond, can have a profound effect on future success.

Thank you,

Service provider name, credentials
Contact information

Tool #5

EXPANDING ON READINESS

1. Why do you want to change? What are some of the reasons you'd be willing to do the work to change?
2. How hard are you willing to work to change?
3. Are you willing to do the work now even if you don't see the benefit?

How seriously does your client see the need to change?

Not concerned
at all

Problem is too serious
to do anything

Sense of personal responsibility

Accepts responsibility
for health behaviour

vs.

It's not their responsibility
to change behaviour

Controllability

Feels they are able to
Change behaviour

vs.

It's too overwhelming
to change behaviour

Seriousness should be moderate, controllability and sense of personal responsibility should be high.

Goals for clients who are:

Not Ready: to provide a better understanding their behaviour and health beliefs

Ambivalent: to expand their readiness, find a personal motivation to change

Ready: to prepare them for the challenges of changing behaviour

Next steps:

Decisional balance (Pros and Cons)

Barriers and Temptations

Self-Efficacy (Confidence)

Weighing the Pros and Cons of Changing Behaviour and Importance / Confidence Scales

Weight the Pros and Cons of Changing Behaviour

This tool provides a simple matrix to help guide a conversation that draws out the client's ambivalence towards change. It suggests an order in which to ask questions that is intended to encourage conversation about change and values. The tool begins with the easier things to discuss (the good things about staying the same and the cost of changing) to seem non-judgmental and make it less threatening to talk about the more difficult aspects (the good things about changing and bad things about staying the same).

Weight the Pros and Cons of Changing Behaviour		
↓→	Staying the same...	Changing...
Benefits of	Ask 1st	Ask 3rd
Costs of	Ask 4th	Ask 2 nd

Importance / Confidence Scales

The *Importance/Confidence Scales* can be used to help clients set realistic and achievable goals. For self-efficacy (confidence in the ability to change), aim for '7' or '8'. If confidence is low, help the client find ways to increase confidence (*such as walking for a shorter period of time or fewer days per week*). A confidence level of '9' or '10' may indicate that the activity is not challenging or that the client is over-confident and may invite failure.

The higher the importance of change, the more likely the client will be successful. If the behaviour change being discussed is of very low importance, the client may want to start with another behaviour that is of higher personal importance. Remember: successfully making small changes helps build the confidence needed to tackle greater challenges.

Be transparent with your client. Work together to determine a goal which has a high chance of success.

Action / Coping Plan

You may find the *Action Coping Plan* useful to go over with clients to get them thinking about the barriers and temptations they might encounter and plan strategies to cope.

I am going to _____
(quit smoking, not eat after dinner, etc.)

This is important to me because _____
(I want to breathe more easily, I want to be healthier, etc.)

What can I change to help me achieve my goal?	Tricky situations and other things that might stop me from reaching my goal	How I will cope?

TIPS

1. **Plan ahead.** Think of how you will cope if you're facing a difficult situation.
2. **Be specific.** The clearer you are about what difficulties you might face, the more prepared you will be to cope with them.
3. **Practice.** If you're feeling anxious about a situation, ask someone to practice a conversation with you.
4. **Involve others.** It's more fun and motivating if you have a buddy who is also trying to change. There may be community organizations that offer classes or other support. Your healthcare provider can provide advice and guidance.
5. **Problem solve.** Don't give up if you run into problems. Think about possible solutions and try them. Ask others for their ideas.
6. **Stay focused on your goal.** Remember what your goal is and don't give up!

My SMART Goal

Specific and Simple: What I am trying to accomplish...

Measurable: What effect will my goal have on my life ...

Attainable and Action-oriented: Is my goal a challenge but still possible to achieve? What actions are required for me to meet my goal?

Realistic and Relevant: Is my goal realistic and within my resources at hand?
Am I willing to commit to my goal?

Time Specific: How much time will it take me to achieve my goal?

SELF MANAGEMENT CHECK LIST (discuss with client)

Identify lifestyle priority
Assess readiness to change
Self-management plan or decisional balance
Copy of form to client if appropriate

PATIENT ID

My priority is:

Readiness Assessment

How IMPORTANT is it for you right now to change.....?										
1	2	3	4	5	6	7	8	9	10	
Not at all important									Extremely Important	
If you decided to change..... how CONFIDENT are you that you could do it?										
1	2	3	4	5	6	7	8	9	10	
Not at all Confident									Extremely Confident	
If score <6 on either IMPORTANT or CONFIDENCE go to Decisional Balance Matrix										
If score ≥6 on both IMPORTANT and CONFIDENCE go to Self Management Plan page 2										

Decisional Balance Matrix

↓ →	Staying the same....	Changing....
Benefits of	1	3
Costs of	4	2

Health Care Provider Signature: _____ Date: _____

Page 1

The change(s) I want to make in my life:		Date:	Date:
Goal: (Specific, Measureable, Achievable, Realistic, Timely) SMART			
The steps/actions I will take to reach my goal:	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____	1 _____ 2 _____ 3 _____
What will help me achieve success: (e.g. people/ behaviours/ programmes)			
What will make it DIFFICULT to reach my goal:			
How can I overcome the things that get in my way?			
When will I begin and what is my target date for achieving my goal:	Start Date: _____ Target Date to Achieve Goal: _____	Start Date: _____ Target Date to Achieve Goal: _____	Start Date: _____ Target Date to Achieve Goal: _____
Reward for achieving/reaching goal:			
Support person(s):			

Client Signature: _____ Health Care Provider Signature: _____

Tool #10

Living a Healthy Life Action Plan

Example: This week, I will walk (*what*) around the block (*how much*) before lunch (*when*) three times (*how many*).

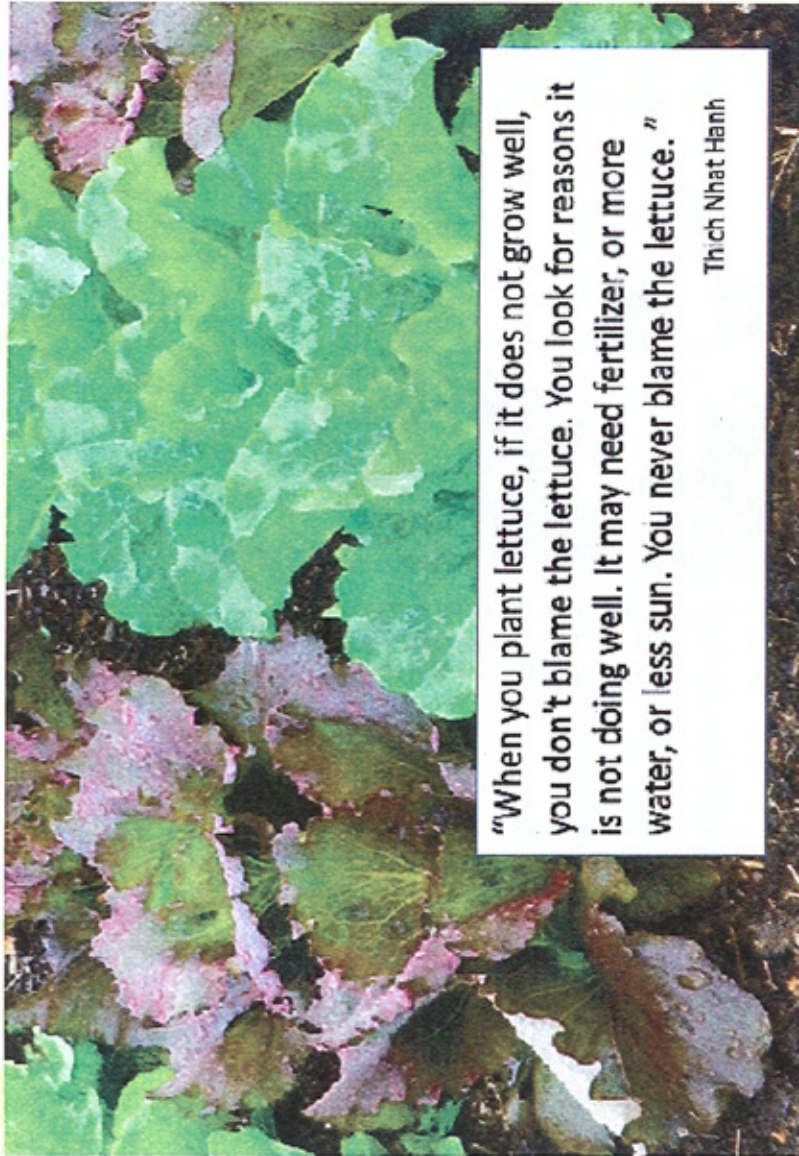
This week I will

What I am going to do	
How much I am going to do	
When I am going to do it	
How many days a week I am going to do it	

How confident am I? (0 = not at all confident, 10 = totally confident) _____

	Check off	Comments
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Tool #11



"When you plant lettuce, if it does not grow well, you don't blame the lettuce. You look for reasons it is not doing well. It may need fertilizer, or more water, or less sun. You never blame the lettuce."

Thich Nhat Hanh

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**"My doctor told me to increase my exercise program,
so I switched from not exercising three times
a week to not exercising six times a week."**



**"You can still eat ribs on your diet,
but only if they come from a bee,
tadpole or hummingbird."**