

Handout: Coaching for behavioural change

Why is changing health-related behaviour so difficult?

	Myth / Belief	Doesn't take into account
1	Behaviour change is just common sense – make simple changes and good choices.	Human behaviour is influenced by social and cultural factors and is a complex interaction between habits, automatic reactions and unconscious as well as conscious choices.
2	Behaviour change is just about getting the message across – based on the idea of advertising. Tell people about something and people will change.	Human behaviour is influenced by a number of complex factors. Deciding to buy a car or another product is not the same as being more active or stopping drinking fizzy drinks. Behaviour change is much more complex than simple messaging.
3	Knowledge and information drive behaviour – if experts tell people to do something then people will change their behaviour.	For people with long-term conditions, they are the expert in their conditions. Thinking that information and knowledge is enough is too simple an approach and not based on evidence.
4	People act rationally – they will do what is sensible and logical.	Lifestyle issues such as smoking, drinking, eating and physical activity are all ingrained in our everyday lives, routines and habits. These things may be a strong part of a person's identity.
5	People act irrationally – when people don't do what we say they need to e.g. stop smoking when they have asthma.	What we think of as irrational may not be irrational to the person in terms of their life and experiences. It is arrogant to assume people smoke, drink, eat cakes and so on because they are behaving irrationally, thoughtlessly or stupidly.
6	It is possible to predict behaviour accurately – there is evidence about key factors that shape behaviour.	It is still very difficult to say with certainty how a person will behave in any given situation.

We need to rethink the way we, as health professionals/health coaches, work with people with LTCs.

Supporting behaviour change requires a deeper understanding of what drives behaviour and the social and economic pressures that shape people's 'choices'. We should not treat the people who need to make behaviour changes as 'dumb' but as knowledgeable human beings who understand their own conduct.

We need to become more effective in our efforts to support people to make sustained lifestyle behaviour changes.

(Abbreviated from Why is changing health-related behaviour so difficult? Gravida Healthy Start Workforce project.

https://cdn.auckland.ac.nz/assets/healthystartworkforce/documents/Summary%20of%20Mary%20Barker%20paper_updated%20191018.pdf)

When people have already decided to change

Action	You could say ...
<p>Acknowledge</p> <p>and congratulate them on wanting to make changes. Ask them what made them decide to make changes and record this in their notes.</p>	
<p>Brainstorm</p> <p>Ask them what changes they think they could make</p>	
<p>Decide</p> <p>Ask them what is one change they think they could make</p>	
<p>Barriers</p> <p>Ask them what they think could get in the way of making the change and how they would solve those barriers</p>	
<p>Action plan</p> <p>Ask them what their plan is and when they are going to start</p>	
<p>Follow up later</p> <p>to see how they are getting on</p>	

Brief interventions with people who are still deciding to change

Step 1: Ask the person, do they have any concerns about their (drinking, smoking or relevant health behaviour)?

If the person says “yes” then explore their concerns and whether they are ready for change.

If the person says “no” then go to Step 2.

Step 2: Ask the person if anyone else has concerns.

Does anyone else (e.g. family, friends, boss, school teachers) have concerns about your (smoking, drinking or relevant health behaviour)?

If “yes” then explore these concerns and listen carefully to any change talk e.g. my kids would really like it if I stopped smoking.

If the person says “no” then go to Step 3.

Step 3: Ask the person if it is okay if you share your concerns.

If the person says “no”, say *“That is okay. I will just make a note in your file to raise it with you again the next time you are in, in case you have changed your mind”*.

If the person says “yes” and gives permission, discuss your concerns and listen carefully to what the person has to say.

(From Dr John McMenamin, GP, Wanganui)

Motivational interviewing for Health professionals/Health Coaches

- The person needs to do at least 50% of the talking.
- Before you talk - **listen** hard for change talk.
- Before you answer – **think** how you may change what you say.
- Before you judge – **wait**. You may change your point of view.
- **Summarise** what the person says to check you have got it right. Keep on asking questions.
- **Remember**, change talk comes from the person, not you.
- **Resist** fixing the person’s problem for them (this is called the righting reflex). Instead, find out why the person is so uncertain about making changes.
- **Ask permission** before you give information e.g. *“Would you mind ...?”* or *“This might not fit with you but one of the things I know is ...”*
- **Hold back** on telling people logical reasons for change no matter how hard this is. Remember, the person needs to develop their own reasons and motivations for change. It is not your job to motivate people.

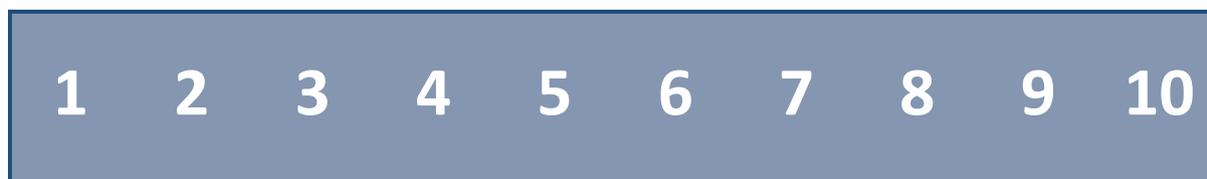
Five stages of Motivational Interviewing

1	<p>Accept and explore why people feel uncertain (ambivalent) about change.</p> <p>It is normal to not be sure about changing something.</p>	<p>Move from: <i>“I’m not sure I need to change.”</i></p> <p>To: <i>“My kids would like it if I could play with them.”</i></p>	<p>This is called change talk.</p> <p>Health professionals/health coaches need to listen for change talk as this is a sign people are considering change.</p>
2	<p>Show general interest (empathy) in the person’s situation.</p>	<p>Move from: <i>“You don’t understand how hard it is to do this.”</i></p> <p>To: <i>“You are right, I don’t know what is making it hard for you. Tell me about what is so hard.”</i></p>	<p>Make it normal to talk about what is stopping the person from making a change.</p>
3	<p>Roll with people’s resistance to change.</p> <p>Pushing people to change can result in the person being more determined to stay the same.</p>	<p>Move from: Don’t try and fix things by telling the person what to do. <i>“I don’t care what the doctor says. I’m not going to change.”</i></p> <p>To: Acknowledge that the person might not be ready to change yet. <i>“Sounds like you are not ready to change yet and that is okay. What would have to be different for you to be getting close to being ready?”</i></p>	<p>Resisting change is perfectly normal human behaviour and is not a sign the person is in denial.</p>
4	<p>Support people’s confidence to succeed (self-efficacy).</p>	<p>Move from: <i>“I don’t think I can do this.”</i></p> <p>To: <i>“I can see this could make things a bit easier for me.”</i></p>	<p>Make sure that the person has goals that are important to them as the person is more likely to make these changes.</p>
5	<p>Show people how on the one hand, they want to change and on the other hand, they don’t (develop discrepancy)</p>	<p>Move from: There are more reasons not to change than to change e.g. work, kids, money is tight.</p> <p>To: <i>“What are the benefits of making a change, what are negatives of making a change?”</i></p>	<p>Increase the reasons for making a change based on person’s point of view.</p>

Change ruler

Use the change ruler once the person has got to the stage where they want to make change.

Ask the person to "Imagine a scale of 1-10, where 1 is not important and 10 is very important" Or you could draw a ruler or use an actual ruler but just the numbers 1-10.



You use the change ruler in two ways:

1. To assess the **importance** to the person of making changes to achieve their goals. Ask them: *"So, on a scale of 1-10, how important is it to you to make changes to achieve your goal?"*
And when they answer then you ask a 'backwards' question *"So why are you at a 5 and not a 1?"*
When you are talking about importance you need to go backwards down the scale so the person then tells you the reasons **WHY** they need to make a change. Remember, this is called 'change talk'. Record these reasons so you can remind the person what they said if things get tough later on.

If you ask people a 'forward' question *"Why are you at a 5 and not a 7?"* then the people will give you all the reasons to stay the same and not make any changes. This is called 'sustain talk' – the opposite of 'change talk'.
2. To assess the person's **confidence** in making changes so they achieve their goal.
Ask them *"So, on a scale of 1-10 how confident are you that you can make the changes to achieve your goal?"*
The person's confidence levels really need to be at a 7 as an indication that they have the ability to make the changes.

So, if they are under 7 ask a 'forward' question *"What would it take for you to be a 7?"* Don't force the person to increase their confidence to a 7. Instead make the action plan/goal smaller or break it down more e.g. *"go to bed at 10pm 3 nights a week"* rather than 5 nights a week. Or *"sleep 8 hours at night for 3 days"* rather than go straight to 9 hours per day.

What are you going to work on?

Areas for improvement	Notes
<p>Be aware of and change my beliefs about why people don't change their behaviour (common sense, getting the message across, knowledge and information, rational, irrational, predict behaviour).</p>	<p>Remember, it is not my job to motivate the person. I need to find out what is important to them so they can motivate themselves.</p>
<p>Be aware that people are the expert in their own long-term conditions and don't tell them what they should be doing.</p>	<p>Be more accepting when people are not ready to change and listen carefully to their reasons.</p>
<p>Use more brief interventions.</p>	<ol style="list-style-type: none"> 1. Do you have any concerns about? 2. Do your family, friends, boss, school teacher have any concerns etc. 3. Is it ok if I tell you my concerns.
<p>Acknowledge when people have decided to change and set up a plan.</p>	<p>Listen for change talk and sustain (stay the same) talk, know the difference and know what to do.</p>
<p>Use the Change Ruler to assess people's confidence and the importance of the change to the person.</p>	<p>Find out what would help people to increase their confidence and, if possible, work out how any barriers can be overcome. Otherwise work on smaller goals.</p> <p>If the change turns out not to be that important, spend more time finding out what is important.</p>
<p>Focus on something in the here and now. People can find long-term goals too hard to achieve.</p>	<p>Keep goals really small and achievable. Make sure they are important to the person.</p> <p>Remember, any goals need to be the person's goals, not yours. The person's goals could have nothing to do with their health.</p>