A pocket guide to brief intervention and behaviour change
Introduction

How often do you try to encourage someone to change lifestyle behaviours such as smoking, poor dietary habits, inactivity, alcohol misuse, illicit drug use or risky sexual practices and your advice gets a blank look that says the person is not interested.

Making any lifestyle changes can be difficult and some people will need encouragement and support.

In these situations using brief interventions may be helpful.

Considering the burden unhealthy behaviours have on the health, wellbeing and our society delivering brief interventions is a priority. (Making Life Better 2013-15)

This pocket guide will explore how people change and highlights the basics of delivering brief intervention.

This pocket guide will not replace training but will support the training you have received on brief intervention for alcohol use, smoking, physical activity, *Health for Life* etc.

All front line workers in health and community settings should be familiar and confident to deliver opportunistic brief interventions to encourage healthy behaviour.
Encouraging change

Many people make lifestyle changes without any type of formal help. Others need support.

We all can be ambivalent about change, that is, we can have reasons for making changes but equally reasons against it.

Ambivalence is normal and its resolution is central to making any change.

NICE (National Institute for Health and Care Excellence) has two guidance papers that this pocket guide draws from:-

• Behaviour change: NICE public health guidance 6 Issues October 2007
• Behaviour change: individual approaches NICE public health guidance 49 Issued: January 2014.

A behaviour change intervention is defined as a ‘single or multiple sessions of motivational discussion focussed on increasing the individual’s insight and awareness regarding specific health behaviours and their motivation for change.’

Behind any intervention, NICE suggests using a recognised model of change.
Models of behaviour change

Two models of change may be helpful in delivering brief interventions.

The Stages-of-Change Model (Transtheoretical Model)

This model recognises that different people are in different stages of readiness for change.

It is important not to assume that people are ready for an immediate or permanent behaviour change.

By identifying a person’s position in the change process, a worker can better match any intervention to the client’s stage of readiness for change. The Stages of Change Model, can be particularly useful with people who do not see anything wrong with their behaviour or ambivalent about change.

NICE does recognize this model helps to understand the experience of behaviour change, but does not accurately explain and predict such change.

A second model could be helpful. (See COM-B Model)
<table>
<thead>
<tr>
<th>Stage</th>
<th>Definition</th>
<th>Intervention elements to be emphasized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precontemplation</td>
<td>The person is not considering change in the near future, and may not be aware of the actual or potential health consequences of continuing the behaviour.</td>
<td><strong>Feedback</strong> from the results of screening. <strong>Information</strong> about the hazards or benefits of change (increase awareness).</td>
</tr>
<tr>
<td>Contemplation</td>
<td>The person may be aware of consequences but is ambivalent about changing.</td>
<td><strong>Listen</strong> to the person. Use <strong>feedback</strong> to elicit concerns. Emphasize the benefits of changing. <strong>Help them weigh up pros and cons of change.</strong> <strong>Give choice</strong> of a goal that works for them.</td>
</tr>
<tr>
<td>Preparation</td>
<td>The person has already decided to change and plans to take action.</td>
<td>Help them make a plan, set goals considering possible setbacks and support.</td>
</tr>
<tr>
<td>Action</td>
<td>The person has begun to make a change.</td>
<td><strong>Build confidence</strong> and <strong>self efficacy</strong>. Help them stick to their plan.</td>
</tr>
<tr>
<td>Maintenance</td>
<td>The person has achieved a period of change.</td>
<td>Give <strong>Encouragement</strong>. Help them see rewards of change.</td>
</tr>
<tr>
<td>Relapse</td>
<td>The person resumes previous behaviours.</td>
<td>Explore efforts, learn from the experience, <strong>build confidence</strong> to try again.</td>
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Capability, Opportunity and Motivation (COM-B Model)

For any change in behaviour to occur, a person must:-

• Be physically and psychologically capable
• Have the physical and social opportunity. People may face barriers to change because of their income, ethnicity, social position. For example, it is more difficult to have a healthy diet in an area with many fast food outlets, no shops selling fresh food and with poor public transport links if you do not have a car
• Be more motivated to adopt the new behaviour.

This is known as the COM-B model (Michie et al. 2011d).

Identify specific behaviour change techniques.

NICE defines *Behaviour change interventions* as sets of techniques, used together, to enable change.

NICE would recommend that any change intervention identifies the specific *behaviour change techniques* (BCT’s) being used in that intervention. (Michie et al. 2013).
Some examples of BCT’s include:-

- **Self-monitoring of behaviour**: monitor and record their behaviour(s) such as a drinks or activity diary
- **Information about health consequences**: written or verbal about health consequences
- **Credible source**: verbal or visual communication from a credible source in favour of or against a behaviour.
What is a brief intervention?

A brief intervention is a short, time-limited interaction/conversation.

The guided nature of the conversation, delivered in a motivational style, distinguishes a brief intervention from basic information giving although providing information and written self-help materials for an individual to take away can be part of a brief intervention.

The aims of brief intervention are to:-

• Engage with those people not yet ready for change
• Increase the person’s perception of real and potential risks and problems associated with a particular behaviour
• Encourage change by helping the person to consider the reasons for change and the risks of not changing.

There are two levels of brief interventions:-

**Brief Advice** typically last no more than 5 or so minutes.

**Extended Brief Intervention** is based on brief motivational approaches typically lasting 20-30 minutes.
The common thread between them is the brevity of the intervention, the focus on education and motivation (as opposed to actual treatment) and the ability to be delivered by non-specialist.

**Brief advice**

Brief advice’ involves structured advice lasting 5 or so minutes, commonly delivered by non-specialist working in front line settings.

Simple brief advice should include ‘feedback’ from screening. (See screening and brief intervention section)

The *Alcohol and You Partnership* in the South Eastern HSC Trust has produced three alcohol brief advice tools specific for community settings, emergency departments and mental health settings.

They can be downloaded from the Alcohol and You website at www.alcoholandyouni.com or from the South Eastern HSC Trust’s website under the Healthy Living tab. (Behaviour change)
‘Extended’ brief advice

In common with ‘brief advice’, ‘extended brief intervention is usually delivered in one session but, unlike brief advice’, is extended to 20-30 minutes to allow for interaction and motivational enhancement through use of motivational interviewing.

It also can include follow up sessions.

Motivational Interviewing

Motivational Interviewing is a conversation style that has been found effective in supporting change.

Characteristics of Motivational Interviewing

• Guiding more than directing
• Dancing rather than wrestling
• Listening as much as telling
• Collaborative conversation
• Evoking from persons their concerns
• Honouring of person’s autonomy.

Source: S. Rollnick, W. Miller and C. Butler Motivational Interviewing in Health Care. 2008

Training is essential to build competence in using motivational interviewing.

A Pocket Guide to Motivational Interviewing is available as a reminder after training to support practice.
Components of a brief advice

The acronym FRAMES captures the elements of a brief intervention.

- **Feedback**: about personal risk or impairment.
- **Responsibility**: emphasis on personal responsibility for change
- **Advice**: respecting their right to choose what is right for them
- **Menu**: alternative options for changing and the person setting their own goals
- **Empathy**: listening reflectively without cajoling or confronting; exploring the person’s reasons for change as they see their situation
- **Self-efficacy**: an interviewing style which enhances peoples’ belief in their ability to change.

Confidence to change is equally important as the importance to change. If the person is not confident they run the risk of talking themselves out of change.
Screening and Brief Intervention

Screening is the first step. How does screening differ from assessment?

**Screening** is a process for evaluating the possible presence of a particular problem. The outcome of screening is normally a simple yes or no.

**Assessment** is a process for defining the nature of that problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis.

Screening presents the opportunity to provide feedback and highlight the possible benefits of change.

Screening should always be offered with permission.

With alcohol use, the AUDIT questionnaire is the preferred resource for screening as it gives well defined cut of scores for differing levels of risk.
The Alcohol MOT from the Public Health Agency has been developed using the advice of Rose et al (2008) who encouraged a two stage approach.

- Use the AUDIT C initially (The first 3 questions of the AUDIT that look at consumption)
- Followed by the full AUDIT for those scoring in the hazardous range of the AUDIT C.

Other forms of screening include spirometric screening of chronic obstructive pulmonary disease (COPD), CO moderating, waist circumference 37” for a man - 32” for a woman and body mass index, smoker’s health check etc.
The way the intervention is delivered is equally important as content

- Additional research is telling us the way we talk to someone about chance can greatly influence their motivation to change. (Miller, Rollnick, 2013)
- Telling people what to do is often ineffective
- Creating a safe atmosphere to explore change is vital
- Ambivalence to change, often seen as resistance, is a common response
- Talking about change is a good indication for a positive prognosis regarding change.
- Ambivalence and arguing against change suggests a poorer prognosis
- A motivational approach using Motivational Interviewing presents the practitioner with a way of working that facilities change through exploring and resolving ambivalence. It requires empathetic listening and eliciting “change talk”
• Presenting information in a neutral manner without imposing it allows people to make their own decisions about the information they receive. Preferred resource for screening as it gives well defined cut of scores for differing levels of risk.

The way in which you talk with people can substantially influence their personal motivation for behaviour change.
Key tasks in talking to people about behaviour change

Establish rapport

Set agenda

Assess readiness, importance and confidence to change

Explore Importance, Build confidence

Throughout the process is an exchange of information and reducing resistance.
Source: Rollnick, Mason and Butler, 1999

Using information
Always ask permissions to give advice
Use Elicit-Provide-Elicit
Elicit they want it/ are ready for it
Provide it neutrally
Elicit again: “what do you think of that? “

The 4 A’s & 2 R’s
Approach in smoking cessation

Ask: all smokers about their smoking at every opportunity
ADVISE: all smokers to stop
ASSIST: smokers to stop
ARRANGE: a follow up
RECOMMEND: using smoking cessation aids
REFER: to further sources of support
What is less helpful with just relying on advice?

Traditionally, health practitioners have encouraged people to make lifestyle changes through giving advice. While this works with some people, it has its limitations.

Premature problem-solving is likely to lead to resistance for example:-

• “I’ve tried that and it doesn’t work”
• “Yeah, but... I really need the cigarettes to calm me down.”

In one study of more than 4000 smokers:-

• 42% were not thinking about quitting at all
• 40% were thinking about quitting but “on the fence”
• 18% were actually preparing to quit smoking. (Kottke,1988).

Educational approaches about how to change were relevant only to 18% of those who are ready and willing to change.
Providing education to those not ready to change is interventional “mismatch” in that the person feels pressure to do something about which they are ambivalent. Education in these circumstances can have a paradoxical effect on motivation, actually reducing, rather than increasing, motivation to change.

A different approach as presented in this guide is needed for the other 82% of people who are not ready to change.

There is something in human nature that resists being coerced and told what to do. Ironically, it is acknowledging their freedom to choose and not change that sometimes makes change possible.
Resources

*A Nudge in the Right Direction* was developed as a tool to help workers have conversations about lifestyle change with clients they are working with. It is a general tool that can be applied to any lifestyle or behaviour change.

**The Big Five: Taking Control of your Health through lifestyle Changes** provides information about the benefits of change and build motivation to change activity levels, eating habits, drinking, smoking and build emotional health.

They can be downloaded from the South Eastern HSC Trust’s website under the Healthy Living tab. (Behaviour change)

http://www.setrust.hscni.net/pdf/A_nudge_in_the_right_direction_(4).pdf

The specific behaviour change techniques (BCT's) have been mapped for both *A Nudge in the Right Direction* and *The Big Five*.

A self help web site is available from the Alcohol and You Partnership at [www.alcoholandyouni.com](http://www.alcoholandyouni.com).
For more information on brief intervention see:-
http://www.who.int/substance_abuse/activities/sbi/en/
http://www.bmj.com/content/346/bmj.e8501
http://www.nice.org.uk/guidance/ph1