Making the Most of 5 Minutes:

A healthy lifestyle brief intervention training pack

“Giving you the knowledge, skills and confidence to make every contact count”

This training pack was originated by Health Promotion Cornwall and the Isles of Silly and extended by English partners as part of work on an EU Policy Health and Family learning project (PoHeFa) - http://www.pohefa.eu/. English partners are National Institute for Adult Continuing Education (NIACE), NHS South of England, NHS Somerset, NHS Swindon and Somerset Partnership NHS Foundation Trust

The PoHeFa project works to decrease the number of unhealthy citizens in Europe, by presenting tools which increase municipalities’ awareness and capability to develop health promoting interventions, that take the socio-economic context of the setting into consideration and therefore have a better and long lasting effect.

Disclaimer: The contents of this document reflect the views of the author. The European Commission is not responsible for any use that may be made thereof.

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Background

The Policy, Health and Family learning project is a European collaboration including partners from UK, Germany, Denmark, Cyprus, Finland and Italy. The broad aims of the project are to ensure that health promoting activities focussing on overweight, obesity and healthy lifestyle choices especially working with young people and their families, have an effective and long lasting effect.

Focus groups undertaken in England as part of this project highlighted the need for additional training for health professionals and other professional practitioners working closely with families (e.g. teachers, social workers) to raise the issue of obesity. Discussion with managers highlighted the need for any brief intervention training to cover other lifestyle issues such as alcohol, smoking and mental health.

The Cornwall brief intervention pack was piloted and extended to include:

- Marketing the group, who can deliver, when planning need to add local context and signposting information
- Exercises related to participants personal experience of making changes or not being able to make changes
- Information on train the trainers and follow up discussion within teams e.g. at a team event
- Evaluation

This pack was extended through work in Swindon and is intended to be a training framework that can be adapted to the needs of different areas. It was developed for training professionals working with adults and families.
Welcome

This pack has been designed to accompany Healthy Lifestyle brief intervention training and aims to give front line professionals the knowledge, skills and confidence to make brief advice and brief intervention a normal part of client contact.

Introduction

There is strong evidence that changing health related behaviour can have a major impact on some of the largest causes of mortality and morbidity. The Waneless report (2004) recommended that changes in behaviour and their social, economic and environmental context to be at the heart of all disease prevention strategies. Positive changes to health behaviour would lead to NHS cost savings and significantly ease the burden of chronic diseases such as coronary heart disease, stroke, type II diabetes, cancer, obesity and mental health.

Evidence of the positive impact that brief interventions can have on health and well-being is not new and since 2006 NICE guidelines have referenced the use of brief interventions for smoking cessation as well as a number of other areas and the National Obesity Observatory have summarized best evidence currently available for brief interventions aimed at weight management with adults. (NOO 2011)

The Healthy Lives, Healthy People (2010) white paper states:

“Few of us consciously choose “good or bad” health. We all make personal choices about how we live and how we behave, what to eat, what to drink and how active to be. We all make trade-offs between feeling good now and the potential impact of this on our longer term health. In many cases moderation is the key. All capable adults are responsible for these very personal choices. At the same time we do not have total control over our lives or circumstances in which we live. A wide range of factors constrain and influence what we do both positively and negatively.

The government’s approach is:

- Strengthen self-esteem, confidence and personal responsibility
- Positively promoting “healthier” behaviours and lifestyles
- Adapting the environment to make healthier choices easier

“Every Contact Counts” and will contribute to the creation of better health for local people.

Encouraging healthy lifestyles is the job of all professionals who as part of their role support adults and families.

Brief intervention training has a key role to play in enabling professionals to gain the knowledge, skill and confidence to deliver consistent messages across a range of health messages including; healthy diet, physical activity, smoking and drinking. (Powell & Thurston 2008).
Section 1 – Planning your training

Aim

Provide the right training to the right groups at the right time.

Objectives

- Have support from service leads to promote and encourage professionals to complete the training.
- Decide who will deliver the training and where it will take place.
- Identify professionals for whom training would be beneficial and market training to these groups.
- Select time and venue that is most appropriate and will enable good attendance.
- Identify potential “champions” who will help sustain and embed the training to be present at each training session.

1.1 The importance of planning

- Good planning will ensure you get the most out of the training and key to success is having support from leadership in your organisation.
- Key steps in the planning process
- Communication from leadership promoting the training
- Clear, concise promotional material advertising the training (appendix i)
- Simple booking procedure
- Plenty of notice about when the training will take place
- Ensuring that the training date doesn’t clash with other events
- Sufficient number of trainees to enable good group dynamic
- Venue that is fit for purpose
- Trainer that is competent and has good rapport with group
- Potential “champions” in group who will promote and embed the training and help make brief interventions part of the organisational culture.
1.2 Who the training is for?

Brief advice and brief intervention training is appropriate for front line professionals who work with clients on a regular basis. They should be able to follow up sessions with clients and have an ongoing professional relationship with them. Training is appropriate and relevant for; health visitors, midwives, family support workers, community nurses, staff in health centres, teachers, social workers and anyone else whose role involves supporting adults and families.

There is no expectation that professionals will have any prior knowledge of brief interventions or any expertise in healthy lifestyles.

1.3 Marketing the training

It is important for staff attending the training to be clear that leadership within the organization believe that the training is of value and will be beneficial to both professionals and clients. Leaders and senior managers therefore have an important role in marketing the training to their teams.

Notifying professionals of training sessions via a range of communication methods will also be beneficial in ensuring that teams are aware of when and where training is taking place. Appendix (i) provides a simple template for a flyer to advertise training sessions.
Section 2 – Doing the training

Aim

Recognise that it only takes 5 minutes and know how to make the most of 5 minutes to provide simple, consistent key health messages and appropriately support those who are thinking about changing their health related habits.

To do this you don’t have to be an expert!

Objectives

- Understand the basic elements of a healthy lifestyle brief advice input and brief intervention
- Provide opportunities to practice elements of a healthy lifestyle brief intervention
- Know the key messages relating to a healthy lifestyle brief intervention.
- Be familiar with and know how to use resources to support a healthy lifestyle brief intervention
- Explore common challenges and identify some solutions relating to your workplace and developing in-house systems to sustain delivery of behaviour change with clients.

2.1 Definitions relating to a healthy lifestyle brief intervention

Behaviour Change Intervention

Single or multiple sessions of motivational discussion focused on increasing the individual’s insight and awareness regarding specific health behaviours and their motivation for change.

A healthy lifestyle brief, one to one intervention providing an opportunity for individuals to explore their lifestyle habits which could impact negatively on their health. It encourages open exchange of views and information and increases motivation to change.

Lifestyle

A way of living based on identifiable patterns of behaviour. An individual’s lifestyle is normally a combination of; their personal characteristics, their behaviours, the people they live with and relate to and their social-economic and environmental living conditions.
Brief Advice – Level 1

Brief advice describes a short intervention delivered opportunistically in relation to a client’s reason for seeking help. It can be used to raise awareness and assess a client’s willingness to engage in further discussions about healthy lifestyle issues. Brief advice is less in-depth than a brief intervention and usually involves giving information about the importance of behaviour change and simple advice to support behaviour change.

Brief Intervention – Level 2

Brief interventions provide a structured way to deliver advice and constitute a step beyond advice as they could involve the provision of more formal help such as arranging follow-up support. Brief interventions aim to equip clients with tools to change attitudes and handle underlying problems. As part of a range of methods, brief interventions may contain brief advice and use motivational interviewing in their delivery. (Powell & Thurston 2008, NHS Yorkshire & the Humber 2010)

2.2 The scale of the problem

Unhealthy behaviours lead to many health problems that reduce quality of life for individuals and in turn cost the NHS huge sums in treatment. In addition a great deal of working time is lost to ill health, much of which is preventable.

The examples below give some headline figures relating to the cost of unhealthy lifestyle in the UK.

From: Healthy Lives, Healthy People 2010

Changing an adult’s behaviour could reduce premature death, illness and costs to society, avoiding a substantial proportion of cancers, vascular dementias and over 30% of circulatory diseases.

1 in 6 deaths occurred before the age of 65 in 2007.

Circulatory diseases, cancers and respiratory diseases accounted for 75% of deaths in 2007.

30% of deaths from circulatory disease could be avoided mainly through a combination of stopping smoking, improving diet and increasing physical activity.

From: Commissioning and Behaviour Change, Kicking Bad Habits final report. The Kings Fund 2008

Unhealthy behaviours and the illnesses they cause represent a significant financial cost to the NHS – estimated to be more than £6 billion a year. Smoking, alcohol misuse, poor diet and lack of exercise are the targeted bad habits.

Treating smokers cost the NHS around £2.7 billion per year (ASH 2008). This is the biggest cause of preventable deaths – 18% of all deaths are attributable to smoking. In 2007 1 in 5 adults still smoked.
Alcohol misuse costs the NHS around £2.7 billion per year (national audit office 2008). Linking ill health, crime and disorder raises the estimate to £20 billion per year. (DOH 2007). 90% of the population drink alcohol, the majority sensibly; however, around 10 million adults consume alcohol at hazardous levels that are above the recommended levels. Research has shown that brief interventions can be successful in addressing alcohol misuse leading to a reduction in alcohol consumption of 24%.

Poor diet is a further health concern with 7 in 10 people consuming too much salt leading to an estimated 1 in 3 of the adult population with high blood pressure. Only 3 in 10 adults consume the recommended 5 portions of fruit and vegetables per day.

Lack of exercise is linked to over £1 billion of the direct health cost burden to the NHS.

Obesity treatment cost the NHS £47.5 million in 2002. Conditions related to obesity cost the NHS and estimated £4.2 billion per year.

Diabetes is rising sharply due to increasing obesity rates. Currently, 2 in 3 adults are overweight or obese.

1 in 4 people will experience a mental health problem in any given year. (Mind, no date)

2.3 Healthy Lifestyles Key Messages

What should we be doing?

Medical conditions should be taken into account, however, the advice below is recommended for the general population.

Mental Health and Wellbeing

At the heart of good physical health is good mental health. “5 ways to wellbeing” identifies 5 things everyone can do to improve their mental health and wellbeing. The evidence based research backing the messages is consistent with many of the key components of brief advice and brief interventions and are good messages to share with clients. (National accounts of wellbeing, no date)

Connect. Connect with people around you including family, friends, neighbours and colleagues. Good social interactions have been found to increase wellbeing.

Be Active. Exercise has been shown to increase mood and can help lower depression and anxiety.

Take notice. Awareness of thoughts, sensations and feelings can improve both the knowledge we have about ourselves and our wellbeing. Noticing the seasons, savouring the moment and reflecting on experiences can all help us appreciate what really matters.
Keep learning. Learning encourages social interaction and increases self-esteem and feelings of competency. Behaviour directed by personal goals to achieve something new has been shown to increase satisfaction with life.

Give. Studies have shown that co-operative behaviour activates reward areas of the brain and individuals who actively engage in their communities report higher levels of wellbeing.

Physical Activity

30 minutes of moderate activity at least 5 times per week (Department of Health, 2011)

Activity. It is important to recognise that the term “exercise” is often linked to fitness and can negative connotations. For example not having enough time to exercise or gym membership being unaffordable. The term physical activity has a broader definition and refers to a wide range of activities that might be undertaken through active travel, domestic activity, occupation and leisure time.

Moderate intensity. This means that you are able to talk but your breathing is quicker and deeper, your body is warming up and your heart will be beating faster than normal, but not racing.

30 minutes can be broken down into smaller blocks of time.

Healthy eating

- Eat a balanced, variety of foods
- Refer to the Eat Well Plate to support the above message
- Base your meals on starchy foods
- Eat lots of vegetables and fruit (5 A Day)
- Eat more fish
- Cut down on saturated fat and sugar
- Don’t skip breakfast
- Try to eat less salt – no more than 6g per day for adults
- Drink plenty of water

Healthy Weight

The key messages to help maintain a healthy weight are to eat well and move more.

Four ingredients for a weight-loss programme that works:

1. Eat right, including eating less.
2. Be active
3. Change behaviour (habits)
4. Get support e.g. from buddies or lifestyle programmes

**Smoking**

Stopping smoking is the greatest thing you can do for your health.

**Alcohol**

- Manage your unit intake
- Men should not regularly drink more than 3-4 units per day
- Women should not regularly drink more than 2-3 units per day

A unit is 10ml or 8g of pure alcohol. This equals one 25ml single measure of Whisky (ABV 40%) or 1/3 pint of beer (ABV 5-6%) or half a standard (175ml) measure of red wine (ABV 12%).

### 2.4 The spirit of the intervention

The way we talk with clients about behaviour change and engage them in conversation can influence the outcome. Evidence suggests that a “telling approach” can get in the way whereas a “guiding” approach can be more effective. This is where you are asking questions which are aimed at getting people to think about change, drawing out motivations and commitment to possible actions. When information is shared it is done so in a neutral, non-judgemental manner.

If you find yourself doing all the talking **STOP** and consider the following about the way you are interacting with your client.

The way in which the professional interacts with the client is illustrated by the **RULE** acronym (NOO, 2011)

- **R:** resist the “righting” reflex. Practitioners should avoid the inclination to put right the client’s behaviour even when it will benefit their health.
- **U:** Understand and explore the client’s own motivations
- **L:** Listen with empathy and show interest
- **E:** Empower the client, encouraging hope and optimism. Work with positives.
Communication Skills

The Stages of change model, popularized by Prochaska and DiClementa (appendix iv), provides a framework for using techniques such as motivational interviewing and solution focused practice (Ford 2010) to influence the way in which we support and empower clients to make personal decisions related to their behaviour. Many of the core values overlap but some approaches stand alone.

Motivational interviewing – is a process of exploring a client’s motivation to change through discussion to assist them towards a state of action. It can improve their readiness, commitment to and confidence about changing.

Solution focused practice – is not concerned with understanding problem but interested in helping clients find solutions, allowing them to drive the work. It centres conversations on the client’s strengths and abilities.

An effective brief intervention has the following characteristics:

- Client centred
- Collaborative, guiding the individual to gain the strength, motivation and confidence to change
- Based on empathy and respect for autonomy
- Evokes motivation through helping the client identify their own arguments and reasons for change
- Collaboration with the client to explore options
- Curiosity from the professional
- Tailored responses to the needs of the client
- Starts where the client is at and considers where they appear to be on the model of behaviour change (appendix iv)
- Uses open ended questions to encourage clients to verbalise their personal benefits resulting from behaviour changes
- Moves towards clients “best hope” future
- Does not focus too much on the problem and supports the client to move from a negative to positive frame of mind.
### From Negative To Positive

<table>
<thead>
<tr>
<th>From Negative</th>
<th>To Positive</th>
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</thead>
<tbody>
<tr>
<td>Focused on problems</td>
<td>Focused on solutions</td>
</tr>
<tr>
<td>Deficit focused</td>
<td>Resource focused</td>
</tr>
<tr>
<td>Professional goals</td>
<td>Working towards clients best hopes</td>
</tr>
<tr>
<td>What’s wrong</td>
<td>Finding what is working</td>
</tr>
<tr>
<td>Feeling stuck</td>
<td>Noticing progress</td>
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<tr>
<td>Victim</td>
<td>survivor</td>
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<tr>
<td>Hopelessness</td>
<td>High expectations of improvement</td>
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<tr>
<td>Advice giving</td>
<td>Asking useful questions</td>
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<td>Passive client</td>
<td>Maximizing co-operation</td>
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<tr>
<td>Disempowering</td>
<td>Empowering</td>
</tr>
</tbody>
</table>

### 2.5 Levels of intervention and core competences

Four levels of intervention have been identified by Powell & Thurston 2008 and these are dependent on the professional’s role and circumstances.

This pack offers training with reference to levels 1 and 2.

**Level 1 - Brief Advice**

The professional is able to engage with clients and use basic skills of awareness, engagement and communication to introduce the idea of lifestyle behaviour change and to motivate clients to consider making changes to their lifestyle behaviour(s).

**Level 2 – Brief intervention**

The professional is able to select and use brief lifestyle behaviour change techniques that help clients take action about their lifestyle behaviour choices which may include starting, stopping, increasing or decreasing lifestyle behaviour activities.
Level 3

The professional is able to select and use appropriate techniques and approaches to provide support to clients as they change their lifestyle behaviour(s) and facilitate clients to maintain these changes over the long term.

Level 4

The professional uses specialised/advanced or lifestyle and behaviour specific behaviour change approaches to support clients. This level is applicable to those working at a specialist level.

Professionals core competences

Learning outcomes for Level 1 Brief Advice

Knowledge and understanding

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

Skills – Practical

- Raise the issue
- Identify people for whom brief intervention is appropriate
- Ask details about the health behaviour in question
- Assess the client’s level of health risk recording details when relevant
- Assess client’s readiness and commitment to change
- Deliver brief advice in an empathetic, non-confrontational manner i.e. motivational interviewing values.
- Employ knowledge of appropriate services for signposting clients to additional sources of support – be aware of boundaries of role.

Skills – Assessment and reflection

- Distinguish between brief advice and brief intervention as distinct approaches to bring about behaviour change.
- Judge when delivery of brief advice is an appropriate and relevant intervention.
• Use self-reflective approach to delivering brief advice i.e. motivational interviewing skills.

Learning outcomes for level 2 brief intervention

Knowledge and understanding

• Understand and explain the harmful consequences of the behaviour in question.
• Recognise the evidence of effectiveness for behaviour change interventions in general and in relation to the specific health behaviour in particular.
• Understand the stages of change model (appendix 1)

Skills – Practical

• Identify clients for whom brief intervention is appropriate
• Assess a client’s level of health risk, recording details when relevant
• Assess a client’s readiness/commitment to change
• Use resources effectively as tools to support a brief intervention
• Employ knowledge of appropriate services for signposting clients to additional sources of support.

• Deliver a brief intervention based on an explicit model of behaviour change comprising the following core motivational interviewing elements:
  ➢ Client-directed discussion
  ➢ Feedback of personal risk
  ➢ Communication of responsibility towards behaviour
  ➢ Giving appropriate guidance and support, exploring change behaviour
  ➢ Agreeing a menu of ways to change behaviour
  ➢ Expressing empathetic understanding
  ➢ Enhancing self-efficacy
  ➢ Establishing behaviour change goals
  ➢ If appropriate provide follow up/signposting
Skills – assessment and reflection

- Distinguish between brief advice, brief intervention as distinct approaches to bring about behaviour change
- Judge when delivery of a brief intervention is an appropriate and relevant approach to behaviour change.
- Judge when motivational interviewing is an appropriate and relevant approach to use as part of a brief intervention.
- Appraise, and where appropriate record a client’s readiness to change.
- Plan a structured behaviour change intervention with due regard to the expressed needs of the individual.
- Use a self-reflective approach to devising and delivering a brief intervention.
2.6 Making the most of 5 minutes pathway

**BRIEF INTERVENTION PATHWAY**

**ASK and ASSESS ENGAGEMENT**
- Assess current level of health-related behaviour and feedback in a non-judgemental way
- Meeting key recommendation for health?
  - YES
    - Reinforce action and encourage to continue
    - Client leaves the pathway
  - NO
    - Follow Up

**ADVISE ACTION**
- A. Client decides to do nothing at the moment so leaves the pathway
- B. Client chooses to make changes on their own
- C. Client chooses to have a longer intervention about option and way forward
  - Set a time for an extended intervention
    - Brief Intervention Level 2
    - M.I. Based Intervention
      - Exploring and building importance/commitment and confidence
      - Information exchange
      - Exploring concerns
      - Exploring options
      - Exploring goals
      - Develop a collaborative plan including goal setting, relapse prevention, ongoing support, and monitoring
      - Arrangement for ongoing support

**ASSIST OUTCOME**
- Client negotiates initial SMART goal
- Follow Up
- Client decides not the right time
Brief Intervention Pathway

The Four A’s

Ask - Assess – Advise – Assist

1. ENGAGEMENT STAGE

ASK
Raise the issue and make the links between lifestyle habits and health risks.

ASSESS
Evaluate the client’s current health related behaviour and stage of change level of conviction and confidence.

2. ACTION STAGE

ADVISE
Using the motivational interviewing approach help the client to gain the confidence and motivation to move towards the next stage of behaviour change by increasing their awareness of personal benefits.

ASSIST
Respond to where the client is on the cycle of change and if ready to change assist them to set SMART goals and signpost to additional support and resources.

1. ENGAGEMENT STAGE

ASK - Raising the Issue Sensitively

By phrasing questions sensitively the professional is more likely to connect with clients and make them feel valued. It is also important to manage expectations and set realistic time frames for change. There are some suggested ways to raise lifestyle issues:

As part of my job I’m being asked to encourage healthy lifestyles, would you mind if we spend 5 minutes chatting about this?

Are you aware that certain aspects of our lives have an impact on our health and wellbeing, e.g. smoking, drinking, managing our weight?

May I ask you what you are doing that you are pleased with in regard to healthy living?
ASSESS – What is client’s current health behaviour and what stage of change are they at?

It is important for the professional to provide neutral feedback in a non-judgemental way. By doing so further opportunities to connect with the client will be created.

- Let the client do most of the thinking and talking.
- Listen actively with curiosity and use appropriate body language.
- Resist the temptation to jump in with advice.
- Summarise what you heard the client say.

Assess current behaviour and where the client is at on the stage of change model, how important making behaviour changes are to them and how confident they are about changing.

- It’s really good that you’re eating well...
- You seem to be ...
- What would you think about ...
- quitting smoking?
- Have you thought about getting more exercise? Changing your eating habits...?
- On a scale of 0-10 where do you feel you are in relation to a healthy lifestyle? Why there and not lower?
- The recommendation for... is... (give a key message)
In addition to questioning a screening tool or quiz could be used or a leaflet looked at together. This takes the responsibility of “being the expert” away from the practitioner.

2. **ACTION STAGE**

In the “Action Talk” part of the conversation the professional is aiming to:

- Find out what is relevant to the client, encourage them to reflect on this and develop motivation and commitment through building on personal benefits.
- Find out what action the client is committed to; the client should be guided to make a maximum of 3 actions or goals.
- Make a plan

**Advise**

Encourage the client to talk and explore the personal benefits of change in order to increase motivation and move into the next section of the behaviour change cycle.

Using motivational interviewing and solution focused practice will help explore the benefits of change and help evoke suggestions from the client.

Provide neutral feedback to all of the above.

Give a short summary/reflection about the client’s motivation to change and how important it is to them.

Then ask...

*On a scale of 0-10 how important would you say it is for you to make this change?*

*What would be the 3 best reasons for doing it?*

*Let’s explore this a little bit more…*

*Why might you want to make this change, if you decide to?*

*So what do you think you will do?*
Listen with interest to the response and make a decision about what you, as a professional should do next.

<table>
<thead>
<tr>
<th>Client’s choice</th>
<th>Suggested response from professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay the same – not ready to change</td>
<td>Acknowledge the client’s decision. Make it clear that you would be happy to talk again in the future. Suggest further support available from other agencies or websites.</td>
</tr>
<tr>
<td>Go away and think about it</td>
<td>Affirm decision “It’s great that you are thinking about it as it could really improve your health”. Offer some reading material to reinforce the pros and cons and help them to identify a starting point. Suggest future support, other supportive agencies or relevant websites.</td>
</tr>
<tr>
<td>Make changes on their own</td>
<td>Set up initial SMART goal and offer supportive material. Suggest future support, other supportive agencies or relevant websites.</td>
</tr>
<tr>
<td>Not sure, have a further talk about changing.</td>
<td>Encourage them to talk and increase motivation using the suggested tools. Explore options Help them to identify a simple SMART goal Offer relevant resources Suggest future support, other supportive agencies or relevant websites. Arrange a brief intervention level 2 meeting.</td>
</tr>
</tbody>
</table>

For clients not ready to change it can be better to focus on their ambivalence rather than the behaviour change. Others can be shifted using Motivational Interviewing and Solution Focused practice techniques. The aim is to encourage the client to explore and verbalise the benefits of change.

**How to ASSIST clients who are ready to change**

Assisting clients to set SMART goals is the first step in helping to facilitate their change and it is important to remember that:

- The client is the expert in their own lives
- The client is competent to make good choices
- The client will know how to achieve their goals if given time to think
Develop a collaborative SMART plan to:

- Set goals that are; Specific, Measureable, Achievable, Realistic, Timed
- Prevent relapse
- Agreement from client for follow up contact (if no review as part of service)
- Details of ongoing support

Goals should focus on behaviour change rather than psychological change as these targets are easier to observe. Aim to set no more than 3 initial SMART goals. The client can set new goals if these are achieved. Discuss self-monitoring with the client to help them recognise progress towards goals. Keeping a simple log will help evidence progress and enable feedback.

Talking about SMART goals:

You said you were on a... on a scale of 0-10. What would you be doing if you were to move up a few points?

What has worked before that might provide a good starting point?

What target might work for you?

What is the first realistic step you could take?

Would it be helpful to explore some other options?

Signposting

Providing the client with details of agencies and websites for further information and support can also be useful to help with behaviour change.

Bringing the brief intervention to a close

Having made a commitment to change it is important to provide the client with positive feedback and encouragement to continue their journey. Acknowledgement of success and accomplishments will help the client stay motivated and reinforce the professional’s commitment to supporting their behaviour change.
Follow up Session

Ideally there will be opportunities to monitor the progress of the client and asking the right questions are a good way of encouraging progress towards goals or eliciting solutions to any challenges faced by the client.

Where are you at the moment on a scale of 0-10? You started on a ... and are now on a ... what has happened to take you up the scale?

What changes do you think you will notice when things get even better?

Can you tell me a few things that you are pleased with since we last met?

What are you doing to stop things getting worse?
2.7 Tools for brief intervention

**Tool1: Motivational Interviewing Tool**

Helping clients shift in motivation.

“On a scale of 0-10, how important is it for you to make changes to your ... e.g. eating habits?”

“On a scale of 0-10, how confident are you of being able to make such a change?”

Not important  Very important
Not confident  Very important
Not eating healthily  eating very healthily

“Why have you placed yourself there?”

“Why not lower?”

“What would be happening if you found yourself 1 or 2 points higher?”

By repeating the scale question at each session, it can aid reflection on positive changes and indicate when the support of a professional is no longer necessary.
Tool 2: Visualise Preferred Futures/Best Hopes

The emphasis is on:

“What do you want?” NOT “what don’t you want?”

“What will be the first small signs that things are improving?” NOT “How would you get there?”

Think about what might happen if you do change.

“What would be the first change you would notice?”

“What would it be like for you?”

“How might things be different?”

Imagine if you stay as you are.

“How might things be in the future?”

“What might be different?”
Tool 3: Motivation to change versus motivation to stay as you are

Addressing the pros and cons of change.

The client needs the opportunity to explore the good things and not so good things that come from making changes.

The benefits need to outweigh the negatives

What would be the 3 best benefits to you personally of …? What else?

Blocks and barriers need to be addressed, building on the confidence to change – coping strategies.

Shall we explore some of the ways of dealing with these blocks?

The good things about current behaviour that will be missed with “change” need to be replaced with something that gives the same positives without the “risk”.

<table>
<thead>
<tr>
<th>Positives of Change</th>
<th>Negatives of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negatives of not changing</th>
<th>Positives of staying as you are</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Tool 4: Skill practice & peer assessment

Observers Crib Sheet

Skill Practice and Giving Feedback

Task: 3 minutes interactions, staying in role between A and B. C observe.

A – Supportive adult (professional)

B – Client

C – observer – who will make notes and feedback

Descriptive feedback is useful. “I noticed you did this and it led to …”

“You could do more of this and a bit less of this”

Order of feedback: How did you find it?

1. Client feeds back first

2. Then observer

3. Then professional

NOTE

Does A cover the following?

Engaging the client

Encouraging the client to talk

Importance/risks

Benefits of change

Assess current behaviour

Check what the client feels about changing

What has worked before?

Action

Scaling questions to increase motivation (importance/confidence)

Increasing identified benefits of change

Agreeing an action plan

Client responds to making plan
Targets ideal or, client centred
Follow up arrangements
Future support

Notes
**Tool 5: Behaviour change skills assessment tool**

This tool is based on Behaviour Change Counselling Index which is designed to score practitioners (professionals) use of techniques relating to behaviour change.

0 Not at all  
1 Minimally  
2 To some extent  
3 A good deal 
4 A great deal

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Practitioner invites the client to talk about behaviour change.</td>
<td>Not at all</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>2. Practitioner encourages client to talk about current behaviour.</td>
<td>Not at all</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>3. Practitioner encourages client to talk about change.</td>
<td>Not at all</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>4. Practitioner asks questions to elicit how the client feels about the topic.</td>
<td>Not at all</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>5. Practitioner uses empathic listening statements when client talks about the topic.</td>
<td>Not at all</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>6. Practitioner uses summaries to bring together what the client says about the topic.</td>
<td>Not at all</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>7. Practitioner acknowledges challenges about behaviour change that the client faces.</td>
<td>Not at all</td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>-----</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>8</td>
<td>When practitioner provides information on risks, benefits of change, assessment of current behaviour, it is sensitive to clients concerns and understanding.</td>
</tr>
<tr>
<td>9</td>
<td>Practitioner actively conveys respect for client’s choice about behaviour change, discuss what has worked before</td>
</tr>
<tr>
<td>10</td>
<td>Practitioner and client exchange ideas about how client’s change choice can be made. Action plan SMART goals, not too many.</td>
</tr>
</tbody>
</table>

Balance of interaction

Practitioner

Client

Practitioner’s score:

Could do more of:
Section 3 - Review & Evaluation

3.1 Sustaining the training

The best way to embed brief intervention training is by making it part of the culture of your organisation. Put simply, organisational culture is “how we do things around here”. However, before brief interventions becomes an automatic response by all frontline staff working with families, it needs to become part of the value and belief system of the organisation.

Take ownership of the training by:

- Identifying “champions” who will promote the training.
- Including brief intervention training as part of induction training and/or workforce development.
- Encouraging staff to use on-line training resources (see useful websites)
- Providing “champions” with a framework for reviewing the training with staff, sharing good practice, acknowledging challenges and suggesting solutions to problems. This can be done in team / staff meetings.
- Promoting the view that supporting healthy lifestyle choices is everyone’s business and responsibility.
3.2 The use of “champions”

Who are “champions”?  
Champions can be anyone who has the energy, enthusiasm and commitment to promote the benefits of brief interventions. To be effective they will need leadership support.

Their role will be to:

- Support their peers, offering help and advice.
- Help identify challenges and possible solutions.
- Provide opportunities for staff to give feedback.
• Review progress and help identify if brief advice/brief intervention is having an impact.

Champions will also be in a good position to “train” new staff on brief interventions, thereby supporting the sustainability of the training within the organisation.

3.3 Evaluation

It is important to assess if brief advice and brief interventions are having the desired impact. Evaluation tools 1-4 will help you to capture and analyze the training.

A number of evaluation tools have been developed for this healthy lifestyle brief intervention training to support a culture of improvement and learning. These tools cover evaluation at different stages of training and are available in the appendix of the training pack i.e.:

• Baseline pre-training questionnaires to use with training participants to measure previous training, knowledge of brief intervention, confidence and expectation of the course.

• Immediate post-training questionnaires to use with training participants to measure their experience of the course, ideas for improvement and whether they plan to change the way they work as a result of the training.

• Post training questionnaires (3 months post training) with training participants to consider their experience of implementing brief intervention training with their clients, reflection on the training and ideas for improvement.

• Post brief intervention service evaluation - follow up of a sample of clients at, for example, 3, 6 and 12 months post-intervention to see what changes have been made to lifestyle, in order to measure the effectiveness of the brief intervention support by practitioners. It is important that clients are asked to give signed permission for follow up at 3, 6 and 12 months at the brief intervention support session.
3.4 Evaluation tools

Evaluation Tool 1: Making the most of 5 minutes healthy lifestyle brief intervention training

Pre-intervention evaluation questionnaire template

Please complete the following questionnaire to help us develop and improve the brief intervention training. Your comments and details will be kept confidential and you will not be identified in any evaluation report.

1. **Which session are you attending?** Please include date, times and venue of training session

2. **What are you hoping to learn from the training session today?** (Please provide as much detail as possible, for example how to raise the issue of weight management with obese clients or how to respond to hazardous drinking by clients)

3. **Have you previously had any brief intervention training?**
   Yes – please explain what training you have had and when. What changes have you made to your practice?
   - No
   - Don’t know

4. **How would you rate your knowledge of brief interventions?**
   - Excellent
   - Good
   - Fair
   - Poor
   - Very poor

5. **How often do you come into contact with people that may benefit from brief intervention lifestyle support?**
   - Daily
   - Weekly
   - Monthly
   - Rarely

6. **How would you rate your confidence in responding to lifestyle issues?**
   - Very high
   - High
   - Neither high nor low
   - Low
   - Very low

7. **What is your job title/position?**

8. **Which service do you work in?**

Please add list of services from which training participants have been recruited
9. How long have you been in this post?
- Under 1 year
- 1-2 years
- 3-5 years
- 5-10 years
- More than 10 yrs

10. Contact details (these contact details will be used to invite you to any relevant follow up training and/or to participate in service evaluation)

Name:
Phone number:
E-mail address:
Postal address:
What is the best way of contacting you?
- E-mail
- Telephone
- By post
- Text – please give mobile number to send text messages to.

Can xxx (enter name of evaluation leader and organisation) contact you in the next 3-6 months to evaluate your experience of using this training in your work and your experiences of this.

11. Optional information:

Age: ⮞ Under 18; ⮜ 18-24; ⮟ 25-34; ⮝ 35-44; ⮞ 45-54; ⮧ 55-64; ⮞ 65+

Gender: ⮞ Female; ⮟ Male

Ethnicity (must be completed by participant):
- White: ⮞ British; ⮜ Irish; ⮦ Any other white background
- Mixed: ⮞ White and Black Caribbean; ⮝ White and Black African; ⮝ White and Asian; ⮦ Any other mixed background
Evaluation tool 2: making the most of 5 minutes healthy lifestyle brief intervention training

Immediately post-training evaluation questionnaire template

Please complete the following questionnaire to help us develop and improve this training. Your comments and details will be kept confidential and you will not be identified in any evaluation report.

1. Which session have you attended? Please give dates and times and venue of training session.

2. For each element of the training, please indicate how useful it was in terms of relevance and quality of the information

<table>
<thead>
<tr>
<th>Training element</th>
<th>Usefulness- i.e. relevance and quality of course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Excellent</td>
</tr>
<tr>
<td>Aims &amp; background</td>
<td></td>
</tr>
<tr>
<td>Behavioural change and stages of change model</td>
<td></td>
</tr>
<tr>
<td>Key health messages</td>
<td></td>
</tr>
<tr>
<td>Communication skills and raising the issue</td>
<td></td>
</tr>
<tr>
<td>Setting goals and signposting</td>
<td></td>
</tr>
<tr>
<td>Activities and tools</td>
<td></td>
</tr>
</tbody>
</table>

Additional comments related to training elements above:

3. As a result of this training do you feel more confident to raise issues related to lifestyle to your patients, using active listening and asking open questions? Yes/ No
   Comments:

4. Do you intend to change any of your working practices as a result of this training?
   ☐ Yes- if so what do you plan to change?
   ☐ No- if not why (i.e. what barriers are there)?
   ☐ Don’t know- if so why (i.e. what barriers are there)?
5. What did you like most about this training (include comments about training content, exercises, trainer, most usefyl etc.)

6. What did you like least about this training (include comments about training content, exercises, trainer etc.)

7. Can you suggest any improvements to this training course?

8. What is your job title/position?

9. Which service do you work in?

10. How long have you been in this post?
- Under 1 year
- 1-2 years
- 3-5 years
- 5-10 years
- More than 10 yrs

11. Contact details (these contact details will be used to invite you to any relevant follow-up training and/or to participate in service evaluation).
   - Name:
   - Phone number:
   - E-mail address:
   - Postal address:
   - What is the best way of contacting you?
     - E-mail
     - Telephone
     - By post
     - Text – please give mobile number to send text messages to:

1. **Optional information:**

   Age: □ Under 18; □ 18-24; □ 25-34; □ 35-44; □ 45-54; □ 55-64; □ 65+

   Gender: □ Female; □ Male

   Ethnicity (must be completed by participant):
   - White: □ British; □ Irish; □ Any other white background
   - Mixed: □ White and Black Caribbean; □ White and Black African; □ White and Asian; □ Any other mixed background
Evaluation Tool 3: Making the most of 5 minutes healthy lifestyle brief intervention training

Post-training evaluation (3 months) questionnaire template

Please complete the following questionnaire to help us develop and improve the healthy lifestyle brief intervention training. Your comments and details will be kept confidential and you will not be identified in any evaluation report.

1. Which session did you attend? Please give dates and times and venue of training session.

2. Has the training helped you to feel more confident to raise issues related to lifestyle to your patients, using active listening and asking open questions? Yes/No
   Comments:

3. Have you made any changes to your working practice as a result of the healthy lifestyle brief intervention training you did 3 months ago?
   ☒ Yes- if so what do you do, how often do you do it, response from clients?
   ☐ No- if not why (i.e. what barriers are there and how could these be addressed)?
   ☐ Don’t know- if so why (i.e. what barriers are there and how could these be addressed)?

4. What else would help you to use brief intervention as part of your everyday work?

5. What is your job title/position?

6. Which service do you work in?

7. How long have you been in this post?
   ☒ Under 1 year
   ☐ 1-2 years
   ☐ 3-5 years
   ☐ 5-10 years
   ☐ More than 10 yrs

8. Contact details (these contact details will be used to invite you to any relevant follow-up training and/or to participate in service evaluation).
   Name:
   Phone number:
   E-mail address:
   Postal address:

   What is the best way of contacting you?
9. Optional information:

Age: ☐ Under 18; ☐ 18-24; ☐ 25-34; ☐ 35-44; ☐ 45-54; ☐ 55-64; ☐ 65+

Gender: ☑ Female; ☐ Male

Ethnicity (must be completed by participant):

- White: ☑ British; ☑ Irish; ☑ Any other white background
- Mixed: ☑ White and Black Caribbean; ☑ White and Black African; ☑ White and Asian; ☑ Any other mixed background
Evaluation Tool 4: Making the most of 5 minutes healthy lifestyle brief intervention training:

Evaluation of brief intervention lifestyle support questionnaire template:
To use with patients at 3, 6 and 12 months post-intervention

This template is intended to be used as a guideline script with a client to measure change, either at a planned follow-up session with a practitioner or as a telephone interview, with prior agreement with the client (signed consent at the initial brief intervention support session).

Before evaluation with each client, the person contacting the client’s needs to gather the following information:

- Date client was seen
- SMART goals set at baseline
- Which professional gave the client advice

At the evaluation discussion, the person carrying out the evaluation needs to ask the clients the following and record the information:

- If they can remember brief intervention support session and the SMART goals that were set
- What lifestyle changes they have made as a result of the brief intervention support, where possible quantifying the change at baseline (if not available and at the evaluation) e.g. have they quit smoking, amount of weight loss and BMI, current amount of alcohol consumed.
- If SMART goals are not achieved, what help could the professional give to enable lifestyle change?

The evaluator can subsequently assess each patient’s level of change and summarise results:

- SMART goals achieved
- SMART goals partially achieved
- SMART goals not achieved- i.e. no behaviour change

The evaluator can endeavour to quantify the change for the different lifestyle interventions. They can determine if some professionals were more successful than others at supporting change. This report of the client’s experience can help to gauge the effectiveness of the lifestyle brief intervention training and help inform any changes necessary to the training, as well as identifying any additional support which can be offered to the client.
References


Mind, no date, available at: http://www.mind.org.uk/help/research_and_policy/statistics_1_how_common_is_mental_distress (accessed 1/7/12)

National accounts of wellbeing website- http://www.nationalaccountsofwellbeing.org/ (accessed 2/7/12)


Useful Websites:

- Alcohol advice -www.drinkaware.co.uk
- Cornwall and the Isles of Scilly brief intervention training- www.healthpromcornwall.org/index_brief-interventions.asp
- NHS online have over 100 topics on healthy living including mental health, mental wellbeing, alcohol, physical activity, smoking, food and diet, weight management.- www.nhs.uk/livewell/Pages/Livewellhub.aspx
- The British Dietetic Association Weightwise site – www.bdaweightwise.com, which includes a definition of body mass index (BMI).
Appendices

(i) Making the most of 5 minutes flyer (template)
(ii) Current good practice hand-out
(iii) The scale of the problem quiz
(iv) Stages of change model
(v) ASSIST related to stages of change model
Appendix (i) example flyer

Making the most of 5 minutes

- Do you have 5 minutes to spare?
- Do you want to support to help your patients/clients make better health choices?

Healthy Lifestyle brief intervention Training

When:

Where:

For more details and to book your place contact: email address, telephone etc

“Giving you the knowledge, skills & Confidence to make every contact count”
Appendix (ii)

**Current good practice**

Task – work individually or in pairs to complete the table below.

<table>
<thead>
<tr>
<th></th>
<th>Things you are already doing in your working practice</th>
<th>What is the most challenging</th>
<th>In trying to overcome challenges, what works well?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
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</tbody>
</table>
Appendix (iii)

The scale of the problem quiz

1. ....% regular smokers are killed by their habit?
2. What % is smoking prevalence in UK?
3. Physical inactivity is responsible for 1 in ? people in developed countries getting coronary heart disease
4. People who are physically active reduce their risk of developing heart disease stroke and Type 2 diabetes by ? %
5. Eating at least 5 portions of fruit and veg daily could lead to estimated reduction in overall deaths of up to ? %
6. What number of portions of fruit and veg is current consumption?
7. Numbers of deaths per year are due to obesity ?
8. What % population is it estimated to be obese?
9. Cirrhosis of the liver is the ? cause of death in UK
Appendix iii (a)

The scale of the problem quiz - answers

1. 50% regular smokers are killed by their habit.
2. 21% is smoking prevalence in UK.
3. Physical inactivity is responsible for 1 in 5 people in developed countries getting coronary heart disease.
4. People who are physically active reduce their risk of developing heart disease stroke and Type 2 diabetes by 50%.
5. Eating at least 5 portions of fruit and veg daily could lead to estimated reduction in overall deaths of up to 20%.
6. What number of portions of fruit and veg is current consumption 3.
7. Numbers of deaths per year are due to obesity 6,000.
8. What % population is it estimated to be obese 22-25%.
9. Cirrhosis of the liver is the 5th cause of death in UK.
Appendix (iv)

The stages of change model: thinking about behaviour change (Prochaska and Di Clemente, 1986)

- The model suggests a number of distinct stages which an individual may go through when altering a particular behaviour. Change is a process rather than an event.

- The aim is for the client to progress from one stage to another. This can result in a circular spiral which builds on experience.

- Recognising this cycle of change helps the professional to optimise the consultation.

- It gives guidance to the format and direction, of the brief intervention and it is used for matching interventions with a person's readiness to take on information and make changes.

- Your role is to recognize and accelerate the natural process through these stages.

To be motivated to move round this cycle

- Client needs to value the benefits of the changed behaviour – needs to be important to them and a current priority, therefore committed to action.

- Client needs knowledge.

- Client needs skills.

- Client needs confidence
A few words given at the right time by the right person can have a significant influence.