Physical activity promotion: Individual level behaviour change

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Common assumptions about behaviour change

– They don’t see (denial, insight etc.)
– They don’t know
– They don’t know how
– They don’t care

• Give them insight
• Give them knowledge
• Teach them skills
• Make them concerned

Ambivalence

<table>
<thead>
<tr>
<th>Change</th>
<th>No Change</th>
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<tr>
<td>(Exercise)</td>
<td>(Stay inactive)</td>
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- advantages of exercise
- disadvantages of exercise
- advantages of inactivity
- disadvantages of inactivity

Person sees all aspects simultaneously
Change talk

“What people say about change is important.”

Statements that reflect motivation and commitment to change do predict subsequent behavior change, whereas arguments against change (resistance) produce less change.

“Both kinds of speech can be influenced substantially by interpersonal negotiating style.”

Miller and Rollnick (2002)
Two key components
Empathy, compassion, affirming, evoking

Use of MI consistent strategies

Client change talk

Commitment to change behaviour

Planning to change

Social support

Self regulation techniques

Physical activity

Relational component

Technical component

Processes of MI

(Miller and Rollnick, 2011)
The spirit of MI

(Miller and Rollnick, 2011)
MI strategies

Technical component

- Setting the scene
- Typical Day
- Importance scaling
- Two possible futures
- The key question
- Creating a plan
- Using social support

- Agreeing the agenda
- Confidence scaling
- Exploring options
- Looking forwards/looking back
- Goal setting
- Using feedback
A Continuum of Styles

Rollnick et al. (2005)
BMJ, 331, 961-963.
Engaging
Get going by using your OARS

Open ended questions
What would you like to get out of today's meeting?

Affirmations
I appreciate you giving up time to come in today

Reflective listening
You are hoping that I can help you change?

Summarise
You’ve been trying to change for some time but so far haven’t found anything that really works for you.
The opening session

• Some elements that are helpful to cover.
  – The duration of the session
  – What your role is (and is not) and your goals for the session
  – What your client’s role is
  – Procedural matters that need to be dealt with
Evoking
Advising versus evoking

You don't understand, I simply don't have time.

If you did more physical activity it would be good for your weight.
Advising versus evoking

Advising:

I know I'd lose weight and I'd feel more energetic too.

Evoking:

If you did decide to do more physical activity how might you benefit?
Exploring motivation and confidence

- “On a scale from 0–10, how important is it for you right now to become more active on a regular basis?”

- “…and how confident are you that you could stick to a new level of physical activity on a regular basis, where 0 is not confident at all and 10 is very confident?”

- For each scale ask:
  - “Why __ and not 0?”

Change talk: Self-motivating speech – Natural language markers of readiness

Statements from the client that lead to commitment: (opposite of resistance)

**Desire**  Want, prefer, wish

**Ability**  Able, can, could, possible

**Reasons**  Specific arguments for change – Why do it? What would be good?

**Need**  Important, have to, need to, matter, got to

**Commitment**  I will, I know, I guarantee

When you hear change talk use your E.A.R.S

**Elaborate**

In what way do you think being fitter will be good for you?

**Affirm**

You’ve been trying hard to change even though things have been difficult

**Reflect**

You think doing more physical activity will give you energy for other aspects of your life?

**Summarise**

You can see that physical activity would be good for you but also realise that to be successful might require spending less time doing some other things that you enjoy.

Commitment to change
From change talk to commitment

• What is the next step for you? Where do you go from here?

• Options
  1. Do nothing
  2. Do more
  3. Do less
  4. Reconsider at a later date

• You cannot, nor is it your job to, decide for them
Planning for change

•There are a number of decisions that a patient may need to make in order to become and stay more active, including:

1. What to do
2. How to do it
3. When to do it
4. How to deal with problems

•You cannot, nor is it your job to, decide for them
Change Expectations

• “Thinking about the benefits of physical activity that you have just been describing, what kinds of changes to your current level of physical activity are you prepared to make?”

• “And what opportunities are there for you to do these kind of things?”
Exploring Outcome Expectations

• “If you did exercise at that level, how long do you think it will be before you start to notice changes and what kind of things do think you will see first?”
Providing Information
Elicit, Respond, Elicit

• Ascertain interest
• “Would you be interested to know ... ?”
• “Do you mind if I tell you about a few things other people have found helpful...?”

• Present information neutrally
• Avoid “you” language
• “A number of people find it helpful to keep a daily diary of their physical activity .......”

• Ask client to interpret personal meaning
• “Is that something you might find helpful?”

### Planning diary

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Summarising the Plan

• So you’ve decided you are going to ...
• This is because.....
• Specifically, you are going to.....
• You will know if the plan is working if..
• Some of the things which might get in the way of you plan include....
• Other people will be able to help by..

Strategy support

- The Let’s Get Moving patient pack is a resource that integrates MI tools
- The pack includes exercises on:
  - motivation and confidence
  - possible futures
  - bringing it all together
- The pack can be used by the practitioner during the intervention or by the patient outside of the intervention