

# Motivating behaviour change

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## The plan

Look at the latest scientific conclusions about helping people change their behaviour

Look at one currently popular approach – **motivational interviewing**

~~Jokes~~

Wander off onto another topic

Start again asking – ‘what is motivation anyway?’

Look at **cognitive-behavioural** methods to change behaviour

~~The really Big joke!!~~

Look at the way this is done in the New Heart Manual

~~More jokes.~~

Conclusions

Any questions?

## National Institute for Health and Clinical Excellence. NICE (the health police)

A REVIEW OF THE EFFECTIVENESS OF INTERVENTIONS, APPROACHES AND MODELS AT INDIVIDUAL, COMMUNITY AND POPULATION LEVEL THAT ARE AIMED AT CHANGING HEALTH OUTCOMES THROUGH CHANGING KNOWLEDGE ATTITUDES AND BEHAVIOUR

DRAFT - NOT FOR CIRCULATION

## NICE Review of Behaviour Change

The six health behaviours considered here are:

- Cigarette smoking
- Alcohol drinking (excluding alcohol dependency)
- Physical activity
- Healthy eating (excluding diet for weight loss)
- Illicit drug use (excluding drug dependency)
- Sexual risk taking

Conservatives (and other simple minded people) always SAY

“What IS the PROBLEM? It's quite simple - just say NO!”

Just TELL people what to do and what not to do (educate, counsel, inform, coach, instruct, etc. etc.).

## JUST SAY NO!



## NICE Review - behaviour change for physical activity

### Evidence statement for interventions targeting individuals

*All adults*

There is evidence of good quality (1++, A), that shows moderate evidence of effectiveness of individualised physical activity interventions for increasing (in the short term) self reported physical activity levels. However, other evidence of good quality (1 & 2+, A) indicates that most studies have no effect at the first follow-up (three months or more after the end of intervention).

There is evidence of good quality (1++, A), that shows a non-significant effect for reaching a predetermined threshold of physical activity (e.g., meeting current public health recommendations).

There is evidence of variable quality (1-, B), that shows an inconclusive effect of biomarker feedback or brief motivational interventions on physical activity.

There is evidence of good quality (1++, C), that show no effect of ‘stage of change’ based interventions on physical activity.

There is evidence of good quality (1&2+, C), that shows a mixed and inconclusive effect of counselling interventions on physical activity.

**Cochrane review - interventions for promoting physical activity.**

**OBJECTIVES:** To assess the effects of interventions for promoting physical activity. Randomised, controlled, trials with a minimum of six months follow up

**MAIN RESULTS:** The effect of interventions on self reported physical activity (11 studies; 3940 participants) was positive and moderate, with a pooled standardised mean difference of 0.31 (95% CI 0.12 to 0.50), as was the effect on cardio-respiratory fitness (7 studies; 1406 participants) pooled SMD 0.4 (95% CI 0.09 to 0.70).

The effect of interventions in achieving a predetermined threshold of physical activity (6 studies; 2313 participants) was **not** significant with an odds ratio of 1.30 (95% CI 0.87 to 1.95).

Hilsdon and Throughgood, Syst Rev. 2005 Jan 25;(1):CD003180.

**AUTHORS' CONCLUSIONS:**

physical activity interventions have a moderate effect on self reported physical activity and cardio-respiratory fitness, but not on achieving a [recommended] level of physical activity.

Better results were obtained when **physical activity was self-directed with some professional guidance and on-going support.**

Cochrane Database Syst Rev. 2005 Jan 25;(1):CD003180

**An Exploration of the Usefulness of Motivational Interviewing in Facilitating Secondary Prevention Gains in Cardiac Rehabilitation**

Karen Hancock, BSc(Hons), PhD; Patricia M. Davidson, BA, MEd, PhD, RN, ITC;  
John Daly, BA, BHSc, MEd(Hons), PhD, RN, FINE, FCNINSWI, FRCNA;  
Darron Webber, BA, RN, CCU cert; Esther Chang, PhD, RN, CM

5 out of 6 papers reviewed were positive for Motivational Interviewing

Motivational interviewing lends itself to CR because of the prevalent problem of lack of motivation in clients to participate in and adhere to CR programs. There is

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**Motivating attendance - thought experiment**

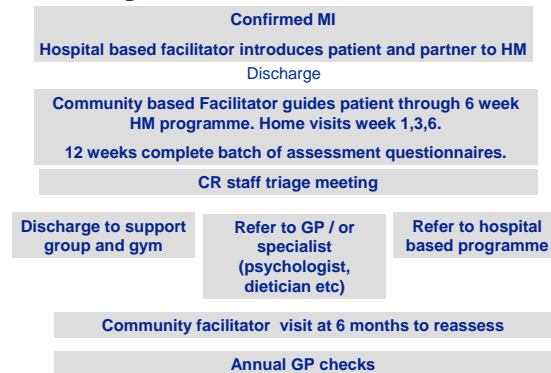
How many people default from dialysis or chemotherapy?

What motivates them to attend?

And the difference with CR is?

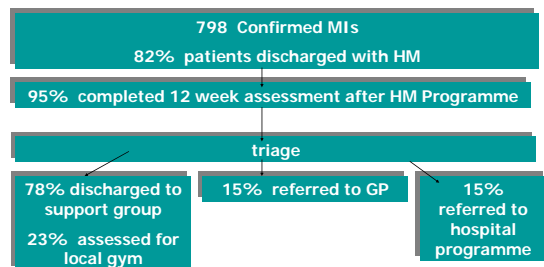
Motivation and personal hygiene in the young male

**East Riding Model**



**East riding project - results**

April 1st 1999 - March 13th 2000

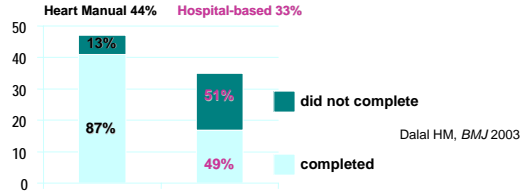


[www.eastridingcardiacrehab.com](http://www.eastridingcardiacrehab.com)

### Increasing attendance at CR - CHARM study – Dr Hayes Dalal

Many patients don't want to be in a group and may not take part in CR if it is the only method on offer.

**Heart Manual** patient activity diary used to measure adherence  
**Hospital Based** attendance at ≥4 sessions



Sound like .....better results were obtained when **physical activity was self-directed with some professional guidance and on-going support.**

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tion of promoting behavior change. However, traditionally, many CR programs have focused on a more prescriptive, didactic provision of information for participants. Programs have predominantly focused on

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### CR should be menu-based and individualised

"The process *begins with assessments* regarding all relevant aspects of the patient's status: medical, nutritional, psychosocial, educational, and vocational. *The implementation* of cardiac rehabilitation, *based on these initial assessments*, is designed to address the *individual patient's needs as he or she works* toward achieving optimal outcomes."

Wenger NK, Froelicher ES, et al. *Clinical Practice Guideline No. 17. October 1995.*

"A *menu-based* approach recognises the need to *tailor the delivery of services* to the individual, and .. to include specific education to reduce *cardiac misconceptions*..."

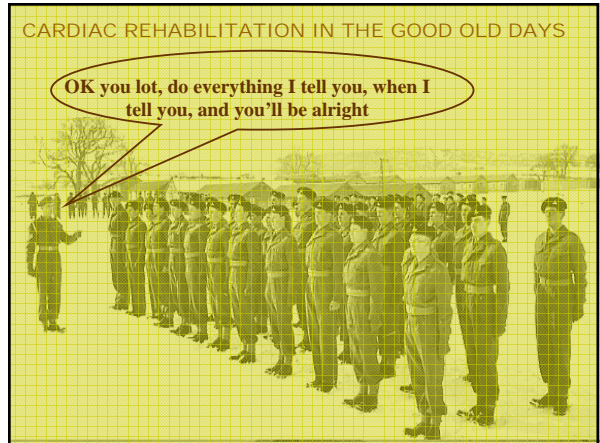
SIGN Guideline for CR, 2001

- Comprehensive cardiac rehabilitation should embrace a *case management approach*. (A)
- Hospital based cardiac rehabilitation must be comprehensive and should be *individualised to meet the needs of each patient*. (D)

New Zealand Guidelines 2002

### CARDIAC REHABILITATION IN THE GOOD OLD DAYS

OK you lot, do everything I tell you, when I tell you, and you'll be alright



### MODERN INDIVIDUALISED MENU-BASED REHABILITATION

OK my lovelies, don't worry about me, what do YOU gorgeous people want to do? Mark, Walter, Vanessa, Linda, James, Peter, Willy, .....



### Motivational interviewing

Simply telling people to stop their risky health behaviour is often not enough, in fact it can increase their *resistance* to change.

Even when we know that we should improve our health behaviour we are often *ambivalent*, that is we can see the *advantages* of taking more exercise, but also the *disadvantages*.

Patients who don't follow advice are often stuck in *ambivalence* because the good things they will gain don't outweigh what they see as the disadvantages of having to change.

**Motivational interviewing is a method for helping people overcome their ambivalence and increase their motivation to make changes in their life.**

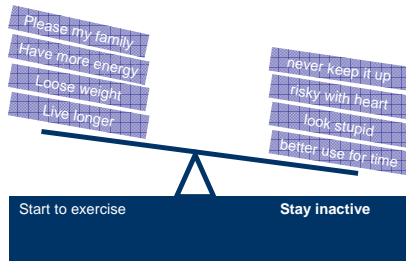


**Health Behavior Change: A Guide for Practitioners** by Stephen Rollnick, Butler (Paperback - Jun 15, 1999)

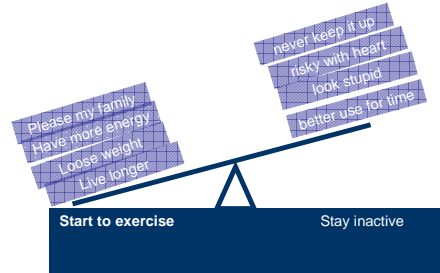
Buy new: \$46.95 **\$34.27** 36 Used & new from \$32.97

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The object is to get the patient to add weight to the change side of the seesaw so that their motivation is increased and outweighs their ambivalence and they take action.



### Ambivalence overcome



### Rollnick suggests the following techniques

express empathy and show acceptance that it is normal to feel ambivalent about change

work in partnership not the 'big expert' giving help to the poor patient

avoid argumentation which often reinforces reasons for not changing

roll with resistance from the patient, go around it not through it, explore the reasons for resistance

make the patient present the arguments for change – Socratic dialogue

support the patients confidence in their ability to change - self-efficacy

### Skills and attributes rated as essential for cardiac rehabilitation nurses by more than 50% of respondents (Scottish CR Nurses)

#### Psychological and risk factor

Patient education on management of chest pain and symptoms	96.6%
Assessing and advising in detail about risk factor modification for CHD	86.6%
Explain and correct cardiac misconceptions	84.7%
Design and deliver education programmes to patients and significant others	81.2%
Make decisions re a person's suitability for aspects of rehabilitation 'menu'	74.3%
ability to risk stratify patients correctly	71.6%
Patient education on dietary management for hypercholesterolaemia	67.4%
Give advice on vocational and sexual issues	67.4%
Refer patients completing CR to other exercise agencies e.g. leisure centre GP referral schemes	59.0%
Give advice on health-related exercise	58.2%
Supervise phase III exercise class	56.7%
Patient education on dietary management for weight reduction	55.2%
motivational interviewing/ brief negotiation skills to make lifestyle changes	51.7%

Morag Thow *Br J Cardiol* 2006;13:53-5

### What is motivation?

"Miller sees motivation as a 'state of readiness for change' - rather than a personality trait."

#### Motivation and personal hygiene in the young male

What is it that could motivate young men to wash carefully, shave, apply scented deodorant, then sniff their own armpits?

Clue: usually on a Friday night?

Lewin R.J., JMS, vol 1, page 1-1

### What is motivation?

Why do airlines give frequent flyer miles?

Why did you study at college?

Why do you praise your kids when they do something good?

Why do you slip, slap, slop?

Why did mankind invent the wheelbarrow?

Why do you scold your kids if they act stupid?

**REWARDS**

**AVOID PAIN or DANGER**

Motivation is something that *drives* people .....to succeed, to change, to achieve what they want

Motivation is usually one of these - a *reward*, fear of *punishment*, fear of injury of failure or of ill health, a desire to look good, a desire to be like people we admire, a desire to be liked and respected.

It can also be.....L U R V E, religious belief, or just to do something to give meaning to an essentially pointless existence.

## Behavioural psychology

### BEHAVIOUR THAT IS REWARDED INCREASES IN FREQUENCY

Reward = anything that gives pleasure.  
The more you are rewarded the more likely you are to do it again ...and again ...and again ...and again... think DRUGS (ooh yes please)

### BEHAVIOUR THAT IS NOT REWARDED SLOWLY STOPS, FADES OUT (EXTINGUISHES)

BEHAVIOUR THAT IS PUNISHED ALSO REDUCES OR STOPS - but NOT as completely as behaviour that is **IGNORED** and not rewarded.

**BEHAVIOURAL MOTIVATION** - reward active coping behaviour, e.g. good behaviour in kids, ignore unhelpful behaviour. Reward with nods, smiles, congratulations

## Behavioural psychology: using rewards

**Build a reward into ANYTHING YOU WANT A PATIENT TO DO**

**Make sure DOING IT IS NOT PUNISHING** (unpleasant). If it is reduce it until it is 'just right'.

**WHEN THE PATIENT DOES WHAT YOU WANT DON'T IGNORE IT REWARD IT!!!!**

**Hint – it doesn't have to be sexual favours, verbal rewards are also very powerful. YOU are a major source of rewards JUST BY EXISTING.**

**PAY MUCH MORE ATTENTION TO REPORTS OF DOING WHAT YOU WANT THEM TO DO, COPING AND WELLNESS, THAN TO FAILURE AND PROBLEMS**

**Self-recording, ticking of targets as they are achieved is rewarding for most people.**

## Professor B F Skinner

reward and punishment can explain how we learn simple things, eg. not to put our hand in a fire twice, but how do we learn complicated behaviours like playing the violin?



## Operant conditioning

By being rewarded for ever narrower approximations of the desired behaviour.



Examples - potty training,  
training animals  
training University Professors

Why do people spend hours practising things? **Feel control and mastery**

## LAST AND LEAST ideas can motivate behaviour

Most psychologists have rejected the idea that **all** behaviour is down to simple reinforcement through pleasure or pain.  
They agree that occasionally people act because of beliefs and ideas, eg. kill themselves for a religious idea (9/11).

rewards need not be physical, they may be 'conceptual'....

behaving in a way that 'proves' you are

good

kind

reliable - 'always do what you say you are going to do'

strong

intelligent

going to heaven to sit on the right hand of God

## Cardiac misconceptions

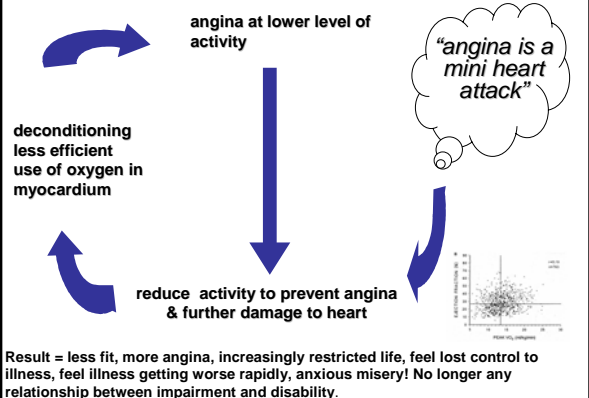
bad ideas that motivate unhelpful behaviour

### Examples

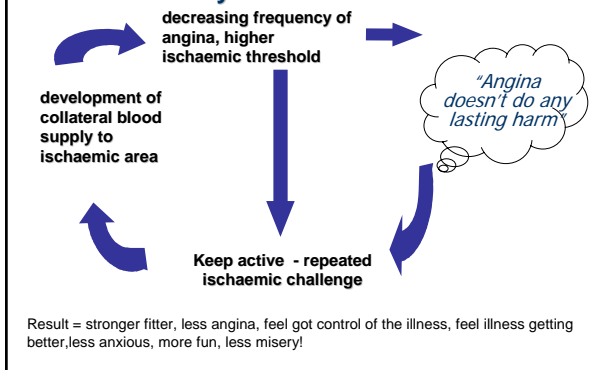
*Misconception* - my heart has been worn out by stress, worry or overwork

*Motivates the patient to* - avoid any excitement or responsibility, NOT go back to work.  
NOT follow the exercise plan!

### Effect of cardiac misconceptions



### How changing a misconception leads to increased activity



### Professionally induced cardiac misconceptions

**Doctor**  
“as long as you are careful you’ll be alright”

**Patient**  
“if I’m not really careful I’ll die!”

**Doctor**  
“you’ve just had a warning”

**Patient**  
“cripes! The real heart attack hasn’t happened yet!”

Alan Goble, 1862

**At this very minutes someone somewhere is saying...**

“do you get breathless when you walk?”

“No? That’s really good.”

OR.....“Part of your heart muscle has died”

### Some conclusions

Helping patients achieve lifestyle change is more difficult than JUST telling them what to do - success will depend on an interaction between some or all of these factors-

- their emotions - confidence (self-efficacy), depression, anxiety, optimism
- their previous experiences of trying to change – success, or failure
- their beliefs, knowledge and attitudes - (causes, cures, safety)
- their skills in change – knowing how to change
- their environment – smoke free, opportunities to exercise safely
- social factors (what is acceptable)
- how many other problems they have to face

Motivators = all those forces that encourage patients to change

May the forces be with you!

### even more conclusions!

Their success in changing will depend on how hard they work at it.

Patients will be motivated to work hard by

- rewards - better health, longer life - keep stressing the rewards
- to avoid worse things happening – keep stressing the alternative scenario
- to protect people they love
- to be more like people they admire – provide a good example
- to please YOU – show that they are, when the comply otherwise ignore them
- to feel good about themselves – comes automatically when we succeed
- to do better than other people – major source of reward
- to feel more in control of the illness – we all want to feel in control
- to have people admire them – so admire them, but only when they do well
- to gain mastery
- if they are succeeding – success breed success – start with small goals to build on

SO, patients will make more change if you deliberately use these factors in your programme.

### 6 ways to increase motivation and behaviour change in CR

- discuss and plan to overcome the barriers that reduce motivation, time, place, method (home / hospital choice), pain, fear of failure, etc**
- check and, if necessary, change cardiac misconceptions**
- check for mistaken / unhelpful coping actions**
- relieve anxiety & depression, increase optimism and hope**
- Set, small achievable goals, reward achievement, reset goals higher**
- Increase confidence in ability to change as above**
- Enhance feeling of control over the illness – constantly stress all they are doing to get control.**

## Dealing with ambivalence

### tippling the seesaw toward change

Present both sides of the case honestly, good and bad

Make the benefits explicit i.e.


- live longer
- get control of the illness
- get back to normal asap
- tackle worry and stress
- don't make the mistakes other people have made!

**What is the Heart Guide for?**

**The not so good news**  
 it'll take you some time each day  
 you may need to change some of your habits; never easy  
 you may have to take some pills for the rest of your life  
 you may have to do some things that other people don't do

**The good news**  
 It can help you  
 live longer, have more fun and have less pain  
 understand what has happened to your body  
 get control of your heart problem  
 get back to a normal life as quickly as possible  
 cut down your worry and stress  
 help you avoid the mistakes other people have made

"and the winner is..."



## An example of putting these ideas into practice - the Heart Manual a home based cardiac rehab programme with extensive evidence base used in most hospitals in the UK.

Recently reconfigured and updated for NZ soon to be available in Oz

## Welcome to the Heart Guide

A programme to help you live well with coronary artery disease (or heart problems)

This is what others thought about it.

### Set in a social context of approval from others in the same situation

**Can it really help me? ambivalence**

Can it really help me? YES. Many scientific studies have shown that cardiac rehabilitation greatly reduces people's chances of dying early from heart and other problems.

What do I have to do? Meet your Heart Coach to work out a plan. Keep a record in the special diary. Over the following weeks talk to your Heart Coach a few times with your plan.

How long does this go on? Usually between 6-12 weeks.

How much time will it take up each day? It is up to you - the minimum is about 30 minutes a day.


I'm not sure You choose how much you do. You will not be asked to do anything you don't want to do.

Do you want to go ahead? **Choice, revisit**

Sign me up: ..... date.....

Ask me again in a few months: ..... date.....


Sorry not interested: ..... date.....



## Changing risk factors

This is what other people thought

### Deal with the ambivalence



## Deal with the ambivalence AND teach the skills required to make change easier

### The solution is to use goal setting


Problem	Goal setting solution
I don't know where to start.	Your Heart Coach will help you.
I need to change too many things.	To start with, only choose a few targets. The more you think you can succeed with most easily.
I've no will power.	Very little will power is required. Set your target to be 'quite easy'. When it is getting 'too easy' you step it up a bit. You reach your goal with very little pain!
How much exercise is safe?	Your Heart Coach will help you work this out.
I'll just change everything now.	You may succeed, but our experience is that small and steady steps forward are a better way to make changes that last.
I've tried to exercise but just got exhausted.	Set your target to be 'just right' not 'hard'. You will get fitter just the same and be more likely to keep it up.
I've dieted before but just put it all on again.	Diets rarely lead to long-term weight loss. Increasing activity at the same time as following a heart healthy dietary pattern will lead to long-term permanent weight loss.

## Problems with exercise

### Deal with the ambivalence

**The answers**

Question	Answer
I hate exercise!	Most of us do. But you don't have to jump about in a leotard. Anything that gets your heart beating a bit faster will do. Walk to the shop every day for the paper or walk to pick up the grandchildren from school.
I already get plenty of exercise!	Does it make you slightly breathless and sweaty? Do you do at least 30 mins a day at that level? If not, then you need to do a bit more. Can you step up what you do now up so that you do get slightly breathless when you do it?
I'm too old for all that.	Older people get just as much benefit as younger ones. If you can't get out, what about doing some simple chair exercises every day to keep your flexibility?
Mmm, you sure it's safe?	YES, as long as you use the goal setting method in the Guide. It is definitely NOT safe to be inactive.
I'll never keep it up! I know, I've tried before.	Unless the activity you choose is enjoyable you are unlikely to keep it up for the rest of your life. Have several activities so that when you get bored with one, you can spend more time on another. Would you find it easier to keep going if you had a friend to help or joined a club?
I need more rest, not more stress!	If you are too stressed to take exercise, discuss with your Heart Coach how you could change this.



### Stress the rewards

#### What does being active do for you?

Go from this...

... to this ...

... to this!

**The truth about activity**  
Your heart is a muscle. All muscles need exercise or they become flabby and weak. Sitting in a chair or pottering around does not give your heart the

exercise it needs to stay strong.  
To get fit you have to work hard enough to make you slightly breathless. That is called moderate activity.

You don't have to work any harder than that.  
Research has shown that 30 to 60 minutes of moderate activity most days of the week will protect you from heart problems.

### Tackle misconceptions

Some ideas about heart problems are wrong and can really set you back

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### Tackle the misconceptions that are associated with low motivation

### Tackle the misconceptions that are associated with wrong coping actions

### Reward and confirm statements that are optimistic and positive

#### Which of these ideas are wrong?

Tick your choice. Answers on the next 3 pages

Thought	Wrong X	Right ✓
I've had it now!		
My heart is diseased and dying.		
Once you've got heart problems you are bound to die from them.		
Heart problems show that you've worn your heart out with years of work, stress or worry.		
The heart is the toughest muscle in the body and quickly heals after a heart attack.		
Once you've done the damage, you can't go back!		
I know that I can beat this.		
Doctor's can do a lot more these days.		
It is just part of getting older.		
I need to avoid stress and excitement.		
Rest is the best medicine.		
I should always check how I feel each day before deciding what to do.		
Time to start looking after my health.		
It's too late for me now.		
Got to get back in case I strain my heart.		

### Changing beliefs

Point out the parts of the Heart Guide that give better answers. Don't directly contradict the patients, this will often strengthen wrong beliefs. Instead use motivational interviewing techniques. Using Goal-setting to help a patient get back to things they are avoiding. This will often help a patient re-consider a belief.

#### The answers

Thought	Answer	Better thought
It's my job that has caused this. It's too stressful.	Wrong. Unless it means that you smoke and eat badly and miss out on exercise.	I've learned ways to do my job with less stress.
Part of my heart is dead now.	Wrong. The bit that was affected has been replaced with living scar tissue.	I've got a scar but it's just as strong as any other scar on my body and won't cause me any problems.
Life will never be the same again.	Right. It could be better! You may need to look at what you have been doing that could have led to this.	I can use what has happened to make my life and health much better.
I'm frightened.	Wrong. Why should you be? It is normal to feel down in the dumps just after a heart attack but a year from now you will feel quite differently.	Some people have a better life after a heart attack than before it, because they make changes to their life.
I'll have to give up work.	Wrong. In most cases people can go back to work. There are some occupations, like long driving, where this may not be possible.	Most people get back to their original jobs. If not I can look for something else.
I'll always be weak.	Wrong. Not if you follow the goal setting in the Heart Guide.	Some people take up their old jobs after a heart attack.
I had forgotten the important things in life.	Right. Some people realize that they have been having too little time enjoying things and family/children.	I'm going to spend more time doing things I enjoy.

### The answers

Thought	Answer	Better thought
I've had it now!	Wrong. A heart problem is definitely NOT a death sentence.	They would not have asked me to do the Heart Guide if they thought my case was hopeless.
My heart is diseased and dying.	Wrong. In most cases the heart is okay. The problem is in your arteries - coronary artery disease.	This problem can be controlled by doing the things in the Heart Guide.
Once I've got heart disease I'm bound to die from it.	Wrong. Many people go on to live a normal life and eventually die of something else!	Many people like me have beaten this problem and so can I.
Heart problems show that I've worn my heart out with years of work, stress or worry.	Wrong. Physical work strengthens your heart. Worry does not cause coronary artery disease.	If I work with the Heart Plan and my Heart Coach I can safely increase what I do and my heart will get stronger.
The heart is the toughest muscle in	Right. It is wrong to believe that the heart	I can use the Heart Guide to strengthen

### What does coronary artery disease do?

If the fatty deposits narrow the arteries to your heart, it reduces the amount of oxygen getting to the muscle. This can cause angina. There is more about angina in Part 2.

Fatty deposits can cause the inner lining to split. If it does, it can cause a blood clot.

The clot can block the artery preventing the blood flowing and reaching a small part of your heart.

This is a heart attack. The part that is affected becomes scar tissue over time. This is the same as any other scar you may have.

### Work to escape from further problems

#### What else could artery disease do?

Fatty deposits can happen in other parts of your body.

Fatty deposits in the arteries to your head can lead to a blood clot blocking the blood supply to your brain. This is called a stroke.

The arteries in your legs can get blocked by fatty deposits. When you walk they get short of oxygen causing a pain. This is called intermittent claudication.

The blood vessels that enable men to have or keep an erection can get damaged. This causes them to have problems with love making. More about this in Part 2.

**Increase the belief that the patient can beat their problem by emphasising how many things can be done that will help**

Every time you see the patient you should remind them of the things they are doing that will help them get control and live longer.

This rewards the helpful behaviour and makes it more likely that they will do it again or be motivated to make further attempts

**How can I beat the fatty deposits?**  
All of these things will help. ✓ Tick - say you would like to do

**Stop smoking**  Within 1 year the chance of a heart attack has gone down by 50%. In 5 years you will be almost back to where you started before you smoked.

**Take pills properly**  Modern medicines work very well, if you use them correctly.  
More about this in Part 2.

**Heart Health dietary patterns**  Eat 8 portions of fruit or vegetables a day.  
 Eat red meat 2-3 times a week. No more than 150g per portion.  
 Eat fish at least 3 times a week or fish oil supplements.  
 Eat more fibre, wholemeal bread, vegetables and fruit.  
 Avoid ready-made meals, burgers and processed foods.  
 Eat less sugar and salt.

**Lower your cholesterol**  The heart healthy dietary pattern.  
 Daily exercise.  
 Daily relaxation.  
 Take a statin.  
 Lose weight if you are overweight.  
 Avoid excessive drinking of alcohol.


**Reduce your blood pressure**  Take pills correctly.  
 Lose weight if you are overweight.  
 Use heart healthy dietary pattern.  
 Take 30 mins of moderate activity every day.  
 Eat very little salt and sugar.  
 Restrict your alcohol intake.  
 Stop smoking

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**Get more active**  30 minutes of moderate activity a day will reduce your chance of a heart attack.  
 Walk whenever possible.  
 Take up active hobbies.  
 Join exercise classes after discussion with your Heart Coach.

**Lose weight**  Take more physical activity.  
 Eat heart healthy dietary pattern.

**Control diabetes**  Follow the healthy heart diet.  
 Lose weight if you are overweight.  
 Take more physical activity.  
 Control blood sugar.  
 Stop smoking





**The good news**

If you make enough changes to your risk factors, you can halt and even reverse the fatty deposits.

**bmj.com** **ABC of psychological medicine: Organising care for chronic illness**  
Michael Von Korff, Russell E Glasgow and Michael Sharpe  
BMJ 2002;325:92-94

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**Plan for collaborative self care**

**1 Assessment**

- Assess patient's self management beliefs, attitudes, and knowledge
- Identify personal barriers and supports
- Collaborate in setting goals
- Develop individually tailored strategies and problem solving

**2 Goal setting and personal action plan**

- List goals in behavioural terms
- Identify barriers to implementation
- Make plans that address barriers to progress
- Provide a follow up plan
- Share the plan with all members of the healthcare team

**3 Active follow up to monitor progress and support patient**

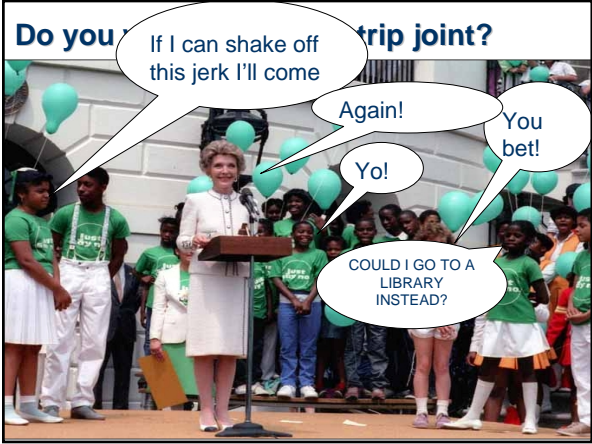
**Skills required by those delivering care**

The team providing care must not only be familiar with a patient's condition but must also possess the psychological skills to help the patient achieve self care. ....

..... The necessary psychological skills include

- Anxiety management
- Recognition and treatment of depression
- Cognitive behavioural analysis
- Cognitive behavioural principles of step by step change
- Ability to monitor patient's progress.

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**Do you ... trip joint?**

If I can shake off this jerk I'll come

Again!

You bet!

Yo!

COULD I GO TO A LIBRARY INSTEAD?

**THE END**