**Intensive Support for Behaviour Change Training**

Guide for trainers delivering the in-person component of the ‘intensive support for behaviour change’ training for healthcare professionals, as part of UCLPartners-Primrose

# Background

People living with severe mental illness (SMI) die 10-20 years earlier than the rest of the population. One of the main reasons for this is that although this group have an increased risk of cardiovascular diseases such as heart attacks and strokes, they often do not receive the care they need. UCLPartners-Primrose (UCLP-Primrose) aims to transform care for people living with SMI by identifying risks early and providing holistic support. Because improving cardiovascular health usually involves changes in behaviour such as stopping smoking or eating more healthily, supporting patients to change their health-related behaviour is a key part of the UCLP-Primrose pathway. However, it is common for healthcare professionals to struggle with the knowledge, skills and confidence to provide this kind of support.

# Aim

The aim of this training is to provide staff with the knowledge, skills and confidence to provide intensive support for behaviour change as part of UCLP-Primrose.

# Overview

The full UCLP-Primrose Intensive Support for Behaviour Change training package has two components. Part one is an asynchronous e-learning course that has been developed by UCLPartners in collaboration with researchers, clinicians and people living with SMI. It provides learners with the knowledge they will need to support behaviour change. Part two is an in-person session delivered by local training providers that provides learners with the opportunity to develop and practise the skills described in part one to build their confidence in supporting behaviour change. All learners should complete the e-learning course before attending the in-person training to get the most out of the session. The structure and content covered in the e-learning course (Table 1) and the in-person training (Table 2) are outlined below.

Table 1 *Part One: e-learning course*

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainers** | **Setting** | **Timings** | **Rationale for training** |
| *Self-directed learning: no trainers needed*  *Signposting may be necessary* | *E-learning* | [*Module 1: UCLP-Primrose and behaviour change*](https://uclpartners.com/modules/primrose/1-uclp-primrose-and-behaviour-change/#/) *– approx. 60 minutes* [*Module 2: Engaging patients in conversations about behaviour change*](https://uclpartners.com/modules/primrose/2-strategies-to-support-behaviour-change/#/) *– approx. 40 minutes*  [*Module 3: Working out which behaviours to change*](https://uclpartners.com/modules/primrose/3-working-out-which-behaviours-to-change/#/) *– approx. 35 minutes*  [*Module 4: Strategies to support behaviour change*](https://uclpartners.com/modules/primrose/4-engaging-patients-in-conversations-about-behaviour-change/#/) *– approx. 45 minutes* | *To provide learners with a knowledge of: the aims and structure of UCLP-Primrose; how to navigate the UCLP-Primrose Intensive Support for Behaviour Change manual; and skills and strategies that support patient engagement and behaviour change* |

Table 2 *Part Two: in-person training*

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainers** | **Setting** | **Timings** | **Rationale for training** |
| *2 x facilitators with the following skills:**1 x Health Psychologist/Behaviour Change Specialist (who has received training and is experienced in the use of communication skills and behaviour change strategies outlined in UCLP-Primrose)* *1 x Lay Tutor (who can share lived experience of behaviour change with SMI and has received basic training in the use of communication skills and behaviour change strategies outlined in UCLP-Primrose)* | *In person or online delivery* | *1 hour trainer prep* *15 mins pre-brief on the day*  *3.5 hour delivery time* | *For learners to build their skills and confidence in using communication skills and behaviour change strategies to engage and support patients to make changes that improve their cardiovascular health* |

# In-person training learning outcomes

Having completed the e-learning course, learners will need the opportunity to practise and ask questions about what they’ve learned in order to build confidence. It’s important that the in-person training supports them to do this. Therefore, whilst trainers should feel able to deliver the in-person training as they see fit, it should be delivered with the following learning outcomes in mind.

By the end of the session, participants should feel confident in how to:

1. *Establish a person’s cardiovascular health status (which cardiovascular health problems affect them)*
2. *Navigate the Cardiovascular Health Goals Flowchart (page 6 & 7 of the UCLP-Primrose Intensive Support for Behaviour Change Manual) to help prioritise goals that will have the greatest benefits*
3. *Choose and demonstrate communication skills (Box 1) that engage patients in conversations about their health*
4. *Choose and demonstrate behaviour change strategies (Box 2) that support achievement of cardiovascular health goals:*

**Box 1**  *Communication skills outlined in UCLP-Primrose (based on* **Box 2** *Behaviour change strategies outlined in UCLP-Primrose (formulated approaches used in motivational interviewing) using COM-B and the Behaviour Change Techniques Taxonomy v1)*

|  |
| --- |
| * + Giving positive feedback   + Agreeing what to focus on   + Active listening   + Asking open-ended questions   + Helping patients identify their own goals   + Giving patients time to answer   + Positive body language |

* + Setting a behavioural goal

• Involving supportive others

• Action planning

• Recording behaviour

• Reviewing progress

• Giving positive feedback

• Coping with setbacks

* Forming habits

# Suggested in-person training lesson plan

The following lesson plan is a suggested approach to achieving the learning outcomes outlined above. Trainers may wish to modify the suggested activities according to local context and learners’ needs.

|  |  |  |  |
| --- | --- | --- | --- |
| Timings | Session Content | Logistics | Rationale |
|  | *Pre-brief amongst trainers* |  | *Establish roles for the session, co-facilitation styles, confirm tech is working, discuss how to establish a safe space for learning.* |
| *0845-0900* | *Welcome participants informally* | *Make tea/coffee* | *Begin work of establishing an environment in which all learners feel able to contribute without fear of negative consequences by breaking down hierarchy and taking an interest in the learners.* |
| *0900-0920* | *Introduction and icebreaker* |  | *Learn names and for what purpose learners have joined the session. Establish common ground and a desire to improve. Build rapport amongst the group and between trainers and the group.* |
| *0920-0950* | ***Lecture 1:*** *Overview of knowledge and skills covered in e-learning course* | *Use shared slide deck, e.g., PowerPoint* | *Summarise e-learning content to ensure all learners have a baseline knowledge of:*  *- the role of intensive support for behaviour change in UCLP-Primrose;*  *- communication skills and practical tools that improve engagement; - the principles of establishing cardiovascular health status;*  *- how to prioritise goals using the Cardiovascular Health Goals Flowchart; and*  *- strategies that support behaviour change.* |
| *0950-1025* | ***Activity 1:******Establishing health status and prioritising goals - case studies***  *In small groups of two or three learners review and answer questions from a case study* [*(Appendix A)*](#_Appendix_A)  *Each group summarises their case study and answers to the whole group. Trainer confirms ideal answers and clarifies any areas of misunderstanding* | *Share list of case studies, assign a case study to each group.*  *Allow approx. 10 minutes for group work and 25 minutes for feedback/discussion* | *Provide learners with the opportunity to clarify their understanding of, and build their confidence in, establishing a person’s cardiovascular health status and navigating the Cardiovascular Health Goals Flowchart to prioritise goals for the biggest impact.* |
| *1025-1040* | *Break* |  |  |
| *1040-1105* | ***Activity 2:******Communication skills and behaviour change strategies to engage patients and support change - demonstration***  *Short demonstration of a selection of communication skills and behaviour change strategies in an intensive support for behaviour change appointment. Learners to make a note of the communication skills and behaviour change strategies they observe during the demonstration using the skills and strategies reminder tool if needed* [*(Appendix B)*](#_Appendix_B)*.*  *Whole group discussion of learners’ observations, reflections, and consideration of how they might apply these skills and strategies themselves*  *Trainer to capture notable reflections that:*  *- Are positive (provide positive reinforcement for these)*  *- Indicate barriers to implementation of skills and strategies (make a record of these for* ***Activity 4: Problem solving activity****)* | *One trainer as ‘patient’, the other as ‘health professional’.*  *For online delivery, spotlight/pin trainers for demonstration and use ‘breakout rooms’ for pair work.*  *Allow approx. 10 minutes for demonstration and 15 minutes for feedback/discussion* | *To provide learners with an example of how to apply communication skills and behaviour change strategies in practice, encourage reflection of how these were applied and prompt consideration of how they might apply the skills and strategies themselves.* |
| *1105-1155* | ***Activity 3:******Communication skills and behaviour change strategies to engage patients support change - role play***    *In groups of three, using the skills and strategies reminder tool if needed* [*(Appendix B)*](#_Appendix_B)*, learners take turns to practise communication skills and behaviour change strategies of their choice with one co-learner playing the patient and the other observing and providing feedback.*  *Whole group discussion of learners’ observations, reflections, and consideration of developmental needs*  *Trainer to capture notable reflections that:*  *- Are positive (provide positive reinforcement for these)*  *- Indicate barriers to implementation of communication skills (make a record of these for* ***Activity 4: Problem solving activity****)* | *One learner as ‘patient’, another as ‘health professional’ role, the other as observer.*  *For online delivery, use ‘Breakout rooms’ for group work.*  *Allow approx. 30 minutes for each group (10 minutes per person) and 20 minutes for feedback/discussion* | *To provide learners with the opportunity to practise/observe others selecting and applying communication skills and behaviour change strategies such that they feel more confident to apply them in practice.* |
| *1155-1210* | ***Activity 4:******Problem-Solving Activity – group discussion***  *Share the list of barriers to implementation identified in* ***Activities 2 and 3*** *and ask the group to identify the most significant barrier.*  *Work through a ‘problem-solving cycle’ as a group to:*   * *clarify the problem,* * *explore the problem,* * *explore problem-solving ideas,* * *select ‘best’ idea(s),* * *and make an action plan to try idea(s) out.* | *Display the problem solving cycle.*  *Display and write list of learners’ ideas.* | *To provide learners with support to implement their learning and an opportunity to practise applying problem-solving strategies that are likely to be required to support patients to cope with setbacks.* |
| *1210-1230* | **Brief Summary, Q+A and Close** |  | *Leave as much time as possible for discussion and questions. Gather in all the participants questions before you begin answering so that popular or pertinent topics aren’t missed.* |

# In-person training feedback

*Recommend assessment at* ***Kirkpatrick Level 1, 2 and 3****. Where assessment at Level 3 is not possible, asking learners the degree to which they intend to apply what they learned during training when they are back at work may be a viable alternative.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Reaction**  (Kirkpatrick Level 1) | **Learning**  (Kirkpatrick Level 2) | **Behaviours**  (Kirkpatrick Level 3) | **Results**  (Kirkpatrick Level 4) |
| *The degree to which participants find the training favourable, engaging, and relevant to their jobs* | *The degree to which participants acquire the intended knowledge, skills, attitude, confidence, and commitment based on their participation in the training* | *The degree to which participants apply what they learned during training when they are back on the job* | *The degree to which targeted outcomes occur as a result of the training and the support and accountability package* |
| *Create a post course feedback form. It’s important that learners feel engaged and rate the training as a valuable use of their time* | *Activity at the end of the session, answer the question “What one thing will you do differently/adopt/change/stop following today’s training?”* | *Observations or interviews post session a good option for capturing these behavioural outcomes* | *Identify which outcomes, benefits or final results can be most closely linked to the training and whether you are able/have resources to measure them over time* |

**Suggested questions for feedback:**

***Please indicate how much you agree with the following statements:***

* *Attending the training session was a positive experience*

*Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree*

* *The training session was engaging*

*Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree*

* *The training session was relevant to my job*

*Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree*

* *I understand how to organise and prepare for Intensive BC appointments*

*Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree*

*I can use the CV health goals flow chart to prioritise CV health goals and behaviours*

*Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree*

* *I understand which communication skills and BC strategies/techniques can be used to support achievement of CV health goals*

*Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree*

***Following the training session, how important is it to you to support patients with behaviour change for their CV health?***

*Very important Quite Important Not that important Not important at all*

***Following the training session, how confident are you in your skills to support patients with behaviour change for their CV health?***

*Very confident Quite confident Not that confident Not confident at all*

***Which skill(s), strategy(ies) or technique(s) do you intend to apply following the training session?***

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# Appendix A

Recommended case studies for Activity 1 - Establishing health status and prioritising goals

**REFERENCE INFORMATION:**

**- BMI is high at 25 kg/m2 or more (23 kg/m2 for some ethnicities) - Cholesterol is high when it is more than 5 mmol/L**

**- Pre-diabetes is diagnosed at HbA1c level of 42-47 mmol/mol - Diabetes is diagnosed at HbA1c level of 48 mmol/mol or above**

**- BP is high when it is 140/90 or higher - Men and women are advised not to regularly drink more than 14 units/week**

# Case Study 1

Rebecca is a 29-year-old female with a diagnosis of bipolar affective disorder. She currently lives in supported accommodation which she finds stressful. To manage her mental health condition Rebecca takes lithium 800mg every night. She also smokes up to 20 cigarettes a day and drinks in excess of 15 units per week to help her relax. Rebecca is worried about her weight and tries to eat healthily though often has sweets and sugary drinks in the evenings when she feels low. She has a BMI (body mass index) of 23 and a HbA1c level of 45mmol/mol. Rebecca has not responded to her cervical cancer screening invite.

**Q1** Which of the factors described here has a **DIRECT** negative effect on Rebecca’s cardiovascular health status?

* Age
* Diagnosis of bipolar effective disorder
* Medication
* Alcohol intake
* Smoking status
* BMI
* Blood sugar level (HbA1c)
* Overdue cervical cancer screening

**Q2** Using the Cardiovascular Health Goals Flow Chart, which goal is the highest priority for Rebecca to work on?

* Lower blood pressure
* Lower cholesterol
* Stop smoking
* Manage diabetes
* Manage prediabetes
* Lose weight
* Reduce alcohol intake

**Q3** Based on your answer to Q2, what actions could Rebecca take to achieve this goal?

* Improve diet
* Increase physical activity
* Consult a clinician
* Regularly monitor blood pressure
* Engage with a stop smoking service
* Take medications (including anti-hypertensives and statins) as prescribed
* Engage with screening services
* Engage with diabetes prevention /self-management programme
* Engage with weight management service
* Calculate weekly alcohol intake in units
* Perform AUDIT-C tool
* Engage with specialist alcohol

service

* Follow practical tips on reducing alcohol intake

# Case Study 2

Sunil is a 41-year-old male with a diagnosis of schizoaffective disorder, for which he takes 15mg Olanzapine once daily, and 20mg of Fluoxetine. He also takes Metformin 500mg twice daily to manage Type 2 diabetes which he developed in his 30s. Sunil currently lives at home, and lives a sedentary lifestyle, rarely leaving the house. He mostly eats takeaway food, and drinks up to 8 bottles of non-diet cola per week. His BMI is 30, his HbA1c level is 53 and his blood pressure is 121/75. Sunil doesn’t smoke or drink alcohol.

**Q1** Which of the factors described here has a **DIRECT** negative effect on Sunil’s cardiovascular health status?

* Age
* Diagnosis of schizoaffective disorder
* Medication
* Type 2 diabetes
* Sedentary lifestyle
* Diet
* BMI
* Blood sugar level (HbA1c)

**Q2** Using the Cardiovascular Health Goals Flow Chart, which goal is the highest priority for Sunil to work on?

* Lower blood pressure
* Lower cholesterol
* Stop smoking
* Manage diabetes
* Manage prediabetes
* Lose weight
* Reduce alcohol intake

**Q3** Based on your answer to Q2, what actions could Sunil take to achieve this goal?

* Improve diet
* Increase physical activity
* Consult a clinician
* Regularly monitor blood pressure
* Engage with a stop smoking service
* Take medications (including anti-hypertensives and statins) as prescribed
* Engage with screening services
* Engage with diabetes prevention /self-management programme
* Engage with weight management service
* Calculate weekly alcohol intake in units
* Perform AUDIT-C tool
* Engage with specialist alcohol

service

* Follow practical tips on reducing alcohol intake

# Case Study 3

Amrit is a 63 year old male with a diagnosis of schizophrenia. Amrit lives alone in a flat, and is visited by his community nurse once every fortnight. Amrit takes 1mg of Haloperidol 5mg every night which makes him feel very drowsy. Amrit’s family have a history of heart disease, with his father having a heart attack at the age of 54, and Amrit’s brother’s blood pressure averaging 160/90. Amrit refused a blood pressure check at his last appointment but at a check 19 months ago it was 138/89. Amrit drinks around 8 units of alcohol a week and smokes 3 to 6 cigarettes a day but isn’t interested in quitting. He is willing to work on his health but doesn’t like tests.

**Q1** Which of the factors described here has a **DIRECT** negative effect on Amrit’s cardiovascular health status?

* Age
* Diagnosis of schizophrenia
* Medication
* Family history of cardiovascular disease
* Blood pressure
* Alcohol intake
* Smoking status

**Q2** Using the Cardiovascular Health Goals Flow Chart, which goal is the highest priority for Amrit to work on?

* Lower blood pressure
* Lower cholesterol
* Stop smoking
* Manage diabetes
* Manage prediabetes
* Lose weight
* Reduce alcohol intake

**Q3** Based on your answer to Q2, what actions could Amrit take to achieve this goal?

* Improve diet
* Increase physical activity
* Consult a clinician
* Regularly monitor blood pressure
* Engage with a stop smoking service
* Take medications (including anti-hypertensives and statins) as prescribed
* Engage with screening services
* Engage with diabetes prevention /self-management programme
* Engage with weight management service
* Calculate weekly alcohol intake in units
* Perform AUDIT-C tool
* Engage with specialist alcohol

service

* Follow practical tips on reducing alcohol intake

# Case Study 4

Carla is a 49-year-old female who has recently been discharged from an inpatient admission, back to her flat in central London. Carla has a diagnosis of major depression, for which she takes 200mg Sertraline a day. On the wards, Carla’s blood pressure averaged 145/89, so she was also started on Amlodipine 5mg once daily which has improved her reading to 118/75. Carla gained a lot of weight whilst on the ward due to inactivity, and now has a BMI of 31. Since Carla has returned home, she has often felt she has extremely low energy and low motivation, so she finds it easiest to eat ready meal foods, which she has delivered to the house. At her recent health check, Carla’s cholesterol levels were 7mmol/L.

**Q1** Which of the factors described here has a **DIRECT** negative effect on Carla’s cardiovascular health status?

* Age
* Diagnosis of major depression
* Medication
* Blood pressure
* BMI
* Diet
* Cholesterol

**Q2** Using the Cardiovascular Health Goals Flow Chart, which goal is the highest priority for Carla to work on?

* Lower blood pressure
* Lower cholesterol
* Stop smoking
* Manage diabetes
* Manage prediabetes
* Lose weight
* Reduce alcohol intake

**Q3** Based on your answer to Q2, what actions could Carla take to achieve this goal?

* Improve diet
* Increase physical activity
* Consult a clinician
* Regularly monitor blood pressure
* Engage with a stop smoking service
* Take medications (including anti-hypertensives and statins) as prescribed
* Engage with screening services
* Engage with diabetes prevention /self-management programme
* Engage with weight management service
* Calculate weekly alcohol intake in units
* Perform AUDIT-C tool
* Engage with specialist alcohol

service

* Follow practical tips on reducing alcohol intake

# Case studies – answers

|  |  |  |  |
| --- | --- | --- | --- |
|  | Q1 – Factors with DIRECT negative effect on cardiovascular health | Q2 – Highest priority goal according to the Cardiovascular Health Goals Flowchart | Q3 – Actions required to achieve goal according to the Flowchart |
| Case Study 1 (Rebecca) | - Age (technically contributes to QRisk score)  - Smoking  - Blood sugar levels (HbA1c indicates pre-diabetes)  - Alcohol intake | - Stop smoking  ***NOTE:*** *you may also wish to talk about all the other factors having a negative effect on cardiovascular health* | - Refer to SMI Stop Smoking Service or NHS Stop Smoking Service  - Provide brief behavioural advice  ***NOTE****: it is important to speak with Rebecca about her overdue cervical screen* |
| Case Study 2 (Sunil) | - Age (technically contributes to QRisk score)  - Sedentary lifestyle  - Diet  - Type 2 diabetes (and blood sugar level [HbA1c])  - BMI | - Manage diabetes  ***NOTE:*** *you may also wish to talk about all the other factors having a negative effect on cardiovascular health* | - Improve diet and increase physical activity. Provide brief behavioural advice  - Check taking medication as prescribed  - Encourage engagement with screening (eye and kidney screening) |
| Case Study 3 (Amrit) | - Age (technically contributes to QRisk score)  - Family history of cardiovascular disease  - Blood pressure\*  - Smoking status  \*at 138/89, Amrit’s blood pressure doesn’t meet the definition of high (140/90) but as it’s borderline, it is clearly a problem and is therefore affecting his cardiovascular health | - Lower blood pressure (is the priority even though it is borderline)  ***NOTE:*** *you may also wish to talk about all the other factors having a negative effect on cardiovascular health* | - Improve diet and increase physical activity. Provide brief behavioural advice  - Refer to clinician if BP is > 140/90  - Check taking antihypertensive if already prescribed  - Encourage regular monitoring of BP via appropriate services (Home BP or clinic BP monitoring) |
| Case Study 4 (Carla) | - Age (technically contributes to QRisk score)  - BMI  - Diet  - Cholesterol | - Lower cholesterol  ***NOTE:*** *you may also wish to talk about all the other factors having a negative effect on cardiovascular health* | - Improve diet and increase physical activity. Provide brief behavioural advice  - If established CVD – check taking high dose statin. If no CVD but Qrisk score is 10% refer to GP for consideration of statin - Check taking statin if already prescribed |

# Appendix B

**Reminder tool for communication skills and behaviour change strategies that motivate change**

Text

Description automatically generated

Graphical user interface, text, application

Description automatically generated