NHS Health Scotland

Health Behaviour Change Toolkit Activities & Worksheets
You can select from this range of activities to build a course that will meet your training objectives and learning outcomes.

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Activity 1: Batting Practice

This is a quick, energising exercise and good if people have been sitting or listening for a while. You can always use a real bat as a prop, as the activity was designed by an American the bat in question is a baseball bat!

**Purpose**
To practice reflective responses to resistance

**Time Allocation**
30 minutes

**What to do**

1. Present and explore different strategies for rolling with resistance (see Activity ‘Exploring Resistance’).

2. Divide participants into groups of 6 – 8 and ask them to stand up in different parts of the room.

3. One person will be the ‘batter’, and the other group members can throw out a range of client resistant statements to the batter. The batter responds to each statement with a short simple reflection, or a resistance-coping strategy (such as emphasising personal control).

4. Each batter should respond to 3 or 4 statements before the turn moves to the next batter.
Activity 2: Behaviour Change Real Reflection

This activity is useful to introduce ahead of any exploration of theory. It enables the participants’ experiences to be connected to both theory and the behaviours of their clients and can illustrate the ‘Mothering’ of clients by practitioners.

**Purpose**
- To identify the factors influencing behaviour change
- To explore the nature of motivation
- To learn from own experience
- To consider the theoretical basis of behaviour change

**Time allocated** 20 -40 minutes

**Resources**
- **Activity 2: Behaviour Change Real Reflection**
  1x per participant

**What to do**

1. Ask each participant to find somewhere to sit on their own, and to take some paper to write on. Then ask them to identify some change in their life that they are either contemplating, or which they have already carried through. Warn them that they will be asked to share some of the detail about this in pairs, so remind them of the group agreement about disclosure and confidentiality. Now ask them to identify all the factors which pushed them towards change (or are pushing them), and all the factors which are pulling them away from change (or are pulling them). They might write a list, or they might draw a mind-map. Give participants up to 10 minutes to think about this.

2. Now ask the participant to find one other person to work with. Take it in turns for each person to take 3 minutes to share their reflection with the other. This can be carried out as a listening exercise, where one person listens actively using non-verbal communication only as the other talks.

   Tell the pairs when they have 30 seconds left to talk so that the listener can give a summary, and then when the 3 minutes are up.

3. Ask the pairs now to discuss the commonalities between their reflections, and to list the types of factors which influence behaviour change in an individual.

4. You could either go straight into taking feedback from the large group now, or you could ‘snowball’ the exercise and ask the pairs to combine in fours or sixes to identify a list of the most important factors to affect behaviour change.
5. Take group feedback first of all by asking for comments on what it was like to be listened to by someone who offered no comment. Ask what it was like for the listeners. How easy is it to listen without comment?

Now ask for four influencing factors from each group, whilst recording on a colourful mind-map. Make sure that you draw out factors such as the need for self-belief and optimism, as well as socio-economic factors.

6. You could either leave this map on the wall to refer to later, or you could now move on to a didactic input on theories and models of behaviour change.

7. Summarise some of the key elements which are building blocks for behaviour change, emphasising that interventions which take place at many levels (see Dahlgren & Whitehead ‘Rainbow’ model) are likely to have an impact, not just the level of the individual.

We must remember this when considering the relative effectiveness of interventions at the level of the individual. However, what this course will now do is consider individual level work and how it can be as good as possible.

Notes
This is a ‘real-play’, and you can use it as a springboard for a lot of later realplay work, particularly if the examples are current and involving ambivalence.

The sharing in dyads can also be carried out using OARS (open-questions, affirmation, reflections, and summarising).
Activity 2: Behaviour Change Real Reflection

Activity sheet

Think about a risky or problem behaviour you have tried to change at some point in your life. You will not be expected to share this with the group; however you may need to share this with one other person.

1. How much time elapsed between the start of the behaviour and the first time you recognised a risk or negative consequence?

2. How much time elapsed between the time you noticed the risk or consequence of your behaviour and the first time you made an earnest attempt to change your behaviour?

3. Why did you begin to make an attempt to change your behaviour?

4. If you have ever gone back to your old behaviour, why do you think that happened?

5. What helped you move back to addressing that behaviour again?

6. Think of individuals who tried to help you change your behaviour but were not helpful. What was it about their behaviour that was not helpful? Please respond with verbs or adjectives – actions that were not helpful or ways they came across that were not helpful.

7. Think of individuals who were helpful to you in changing your behaviour. What did they do that was helpful?
Activity 3: Car Park Exercise

Purpose
To promote discussion about health Inequalities
Explore some of the factors affecting health inequalities
Understand that many different factors combine and affect individuals

Time allocated
20 minutes

Resources
Slide: Health Inequalities (14)
Cards with characteristics
Space for participants to walk in a line (e.g. a car park)

What to do

For this activity you will need an area with enough space for the participants to stand in a line and be able to move forwards and backwards (a car park or open space would be ideal).

Ask the participants to stand in a line and hand each participant a card with a characteristic on it from the following:

- Educated white male aged 30 with multiple sclerosis living in an affluent area
- 17 year old black male who is attending a course at college
- Single mother aged 22 with three children living on a council estate
- Asian migrant worker aged 42 who has been in Scotland for two years
- 76 year old white female in good health, living in a rural area
- White male aged 34, part time laborer, living in affordable housing with a girlfriend and her two children
- 45 year old black female nurse living in the city centre
- 26 year old white police officer living in the outskirts of the city
- 62 year old gypsy traveller
- 41 year old white gay male with HIV

Once the participants are in a line (shoulder to shoulder), read out the following statements. If a participant thinks the person on their card would have a negative response or would be set back, ask them to take a step backwards. If the statement would be positive for the person on their card, they are to take a step forward. This is to illustrate how inequalities could become exacerbated:

(From Health Issues in the Community) Are you able to:

- Go to night classes at your local college?
- Obtain life insurance?
- Adopt a child?
- Plan 20 years ahead?
- Access information appropriate to your needs?
• Travel to places when you want/need to?
• Eat five pieces of fruit and veg a day?
• Freely choose where you want to live?
• Put money into regular savings?
• Talk about your issues without feeling judged?

Lead a group discussion about insights from the activity and how these relate to health inequalities.
**Activity 4: Change Talk Jeopardy**

This can be quite an advanced exercise. This could be run as a Goldfish Bowl, as a Team Consult, or as a competitive game with teams gaining points by being the first to call out a correct open question.

**Purpose:** To practice eliciting Change Talk

**Time Allocation:** 20 minutes

**What to do:**

1. Divide participants into groups of three.

2. Ask each person to write down five change talk statements they might hear in their own setting.

3. Ask participants one at a time to read out one statement to their two partners.

4. The partners then agree on an open question that could have elicited that change talk statement.

5. The partners then ask the open question and the speaker answers with the change talk statement.

6. Go round the group with everyone having a turn at being the speaker.

7. Discuss in small groups.

8. Debrief in large group.
Activity 5: Changing Closed into Open Questions Bingo

This exercise is a skills exercise for introducing OARS and practicing open questions. Use it early in a skills development session.

**Purpose**
To give participants practice in recognising open and closed questions. To raise the energy in the room.

**Time allocation**
10 minutes

**Resources**
- Changing Closed into Open Questions Bingo Worksheet

**What to do**

1. Divide the participants into teams of 5 – 6

2. Give out the list of closed questions, and ask the teams to change them into open questions as quickly as possible, writing down their answers.

3. The team who finishes first shouts ‘Bingo!’

4. Give a prize to the team who finishes first, *with correct open questions*.

**Notes**

Some sample questions are given, but make up your own too. If your course is focussing on a particular behaviour you might want to include more topic specific questions.

This could also be run as a quiz, giving teams lists of closed and open questions, with a prize for the first team to identify what they are.
Activity 5: Changing Closed into Open Questions Bingo

Worksheet

Sample questions

1. Did you enjoy that film?
2. Does this feel too hard for you?
3. Is this really important to you?
4. How many times do you eat biscuits during the day?
5. Are you happier now?
6. Do you often go to the pub in the evenings?
7. Do you have a cigarette when you have a cup of coffee?
8. Are you feeling sad about that?
9. How much television do you watch in the evening?
10. Do you enjoy going for walks?
Activity 6: Choosing Elements: Selectively Reflecting

This can be one in a series of activities which lead to a greater understanding of the purpose and practice of reflective listening. This exercise gives the opportunity to practice a more advanced use of reflections and can build on activities 22 & 23. It could be used as part of an advanced practice workshop.

**Purpose**

To increase awareness of the directive use of reflective listening
To distinguish between the role of small reflections and more complex reflections in directing conversation
Discuss use of reflectively listening and change talk (DARN-C)
To develop listening skills

**Time allocation:** 15 – 20 minutes

**What to do**

1. Divide participants into threes, or let them choose their groups. Explain that they will take turns for someone to be a speaker while the other two listen.

2. Ask participants to individually write down three common client statements they hear in their practice.

   ‘I want each of you to generate at least three things you’ve heard clients say about change in your practice setting. Don’t select statements that are highly resistant, but they could involve some resistance. Write them down. You don’t need to discuss these statements with the other group members just now.

3. Ask participants to decide who will be the first speaker, and who will be the first listener.

   ‘Say your first statement, then listener one generates a simple reflection. Then listener two generate another reflection which focuses on another aspect of the statement or takes a different guess as the speaker’s meaning. Then listener one tries to generate a third response focusing on another element.

   Do that for all three of the speaker’s statements. Then switch to the next person and go through his or her three statements. Make sure you alternate who goes first as listener.’

4. Debrief, bringing out the following points:

   - Differentiate between nondirective and directive listening
   - Discuss the use of reflections to move towards or away from an area
   - Highlight the use of MI to reinforce change talk
Activity 7: Dancing pens

This activity is an active and fun way to illustrate the principle of guiding and also ‘dancing not wrestling’. Good for raising energy after a break or more reflective exercise.

**Purpose**
To demonstrate the principle of guiding in motivational interviewing. To provide a metaphor for good health behaviour change practice

**Time allocation**
15 minutes

**Resources**
pencils or pens

**What to do**
Ask everyone to find a partner, and for each pair to find a ball-point pen. The task is for each pair to lightly hold the pen propped between each person's forefinger (length-ways), and to move around the room.

The pairs will have to create just enough pressure between them to keep the pen balanced between the two fingers. Moving around they will find that at times one person leads by pushing and at other time the other person may lead by pulling away. They will find it difficult to identify who is in control at any time.

In group feedback ask questions such as:

- *Who did you feel was leading?*
- *Did you feel that you led the direction at any point?*
- *What would have happened if both of you had wanted to go in different directions?*

This exercise offers a physical metaphor for the spirit of MI, as the task only works if there is collaboration and empathy, yet it is possible for each of the participants to direct where the pen goes.
Activity 8: Dodge Ball

This activity needs to be preceded by some input or discussion on resistance, such as activity 32; exploring resistance. It can be high energy and a good way of building participant confidence in ‘rolling with resistance’.

**Purpose**
- To differentiate between reflections and questions
- To respond non-defensively to resistance statements

**Time allocation**
- 30 minutes

**What to do**

1. Present and explore strategies to roll with resistance.

2. Arrange people into 2 teams, facing each other standing in a line on either side of the room. One team will be the ‘stimulus’ team who will throw out statements that might be made by clients. The other team is the ‘response’ team and their job is to respond to each statement in turn. They are ‘dodging’ the statements. Provide coaching as needed.

3. Ask the members of the stimulus team to throw out statements in turn. Any member of the response team can respond. Encourage cheering and also encourage all to participate.

4. Swop roles when the response team has had enough time to practice.

**Notes**
The stimulus team can simply throw out single client statements, or they could reply to the other team’s responses.

You may need to provide some coaching on the range of possible responses.
Activity 9: Drumming for Change Talk

This is a fun, high energy exercise that can be used in a variety of places in a workshop or course; after using the decisional balance in activity 27, after any of the OARS practice activities, after considering the cycle of change model.

Purpose
To recognise change talk (DARN)
To recognise level of change talk
To recognise commitment talk
To raise energy

Time Allocation
15 – 20 minutes

Resources
Activity 9: Change Talk Statements (2 pages)

What to do

1. You will need a list of client statements for this exercise. Some are suggested, but you can make up your own.

2. Explain that a key goal of MI is to evoke and respond to change talk. And one of the most important skills is learning to recognise to change talk, which is what this exercise is about. Change talk is a broad term that refers to all kind of dialogue that favours change. Give a short input on DARN, - expressed Desire, Ability, Reasons, and Need to change:

   Desire: ‘I want to change’
   Ability: ‘I can change’
   Reasons: ‘It would help me if I changed’
   Need: ‘I need to change’

   Explain that you will look at different strategies and approaches for evoking client change talk later on in the training, and what to do when you hear it, - the practitioner must encourage, reinforce it, and reflect it. This exercise is just about recognising it.

3. Explain that you will read out a series of client statements. What you want people to do is drum their hands on their knees or on the table whenever they hear a statement that is an example of change talk. Start reading the statements and congratulate people if they get it right.

4. **Commitment Talk:**
   Explain that research now shows that what we really need to listen for is ‘Commitment Language’, where a client expresses intention. This is what actually predicts behaviour change. DARN talk is still very important to evoke and listen for, but it predicts commitment language, and not behaviour change. There are also different levels of
commitment, and some kinds of language are more likely to predict behaviour change: ‘I will…’, or ‘I promise…’, are much stronger than ‘I'll try…’, ‘I mean to…’, or even ‘I am ready to…’.

**DARN is the pre-step before commitment. And commitment language is what actually predicts change.**

5. **Massage the Pearl**

   Explain that in some parts of Asia there is a tradition of ‘dragon paws’, - rubbing your hands together when you hear something positive, life affirming, a dream, a vision, commitment, - something hopeful. You treat what you’ve heard as if it’s a pearl and you want to massage that pearl. *(Or you can simply ask people to drum more loudly when they hear a statement of commitment.)*

   Now you are going to read out the statements again, and this time ask people to be even more discriminating. When they hear DARN statements drum their hands as before, but if they hear commitment language, this time massage the pearl by rubbing their hands together. If it sounds like neither, - do nothing. Check that participants understand what to do, and read out the statements again.

6. **Debrief. This should be a fun exercise**

**Notes:** Talk about needing to learn to evoke change talk and commitment language, recognize it, and move with it when you do. EARS is a another acronym which stands for Evoke, Affirm, Reflect, and Summarise, when you hear change talk.
Activity 9: Change Talk Statements

Round 1: Drum Roll

I love to smoke
I hate this treatment programme
I just want to waken up sober in the morning
I actually tested my blood sugars every day this week
I stayed away from drug dealing all week
It's just such a hassle to floss my teeth
I wish I could lose weight easily
I don't think I can eat any more fruit and vegetables than I do already
I have my reason's for taking cocaine every once in a while
I took a walk several times this week
I've been forgetting to take my anti-depressants
I could probably do it if I tried
I hate keeping a food diary
I might be able to cut down a bit
I have to clean up my act
Something has to change or I'm going to lose my job
I'll do anything to get rid of the pain
I'm sick of smoking; it disgusts me
I don't want to set a bad example for my children
I'm sure I'd feel better if I exercised regularly
I totally cleaned out the cigarettes in my house and car yesterday
I want to be around to see my grandchildren grow up
I need to do something about my marriage before it's too late
I'm positive I can stop
I don't see how drinking 4 or 5 beers a night is a problem
I'm tired of being overweight
If I lose this job my girlfriend is definitely going to leave me
Activity 9 worksheet continued

Change Talk and Commitment statements

Round 2: Pearl Massage/ Louder drumming

I guarantee I’ll make my next appointment
It would be hard for me to exercise because I really hate running
I’m starting to get a little tired of the drug scene
I might be able to cut down a bit
I’m going to commit to no more than one drink a day, and at least 2 days a week when I’m not drinking
I swear I’m going to weigh myself at least once a week
I really like the ritual of doing it, you know
I’m sure I’d feel better if I exercised regularly
I’m ready to do what it takes to lose 5 pounds
I’m not very motivated to exercise
If I don’t begin and finish this treatment programme, I might as well throw in the towel.
I love my baby. That’s why I’m definitely not going to smoke around her.
I’m a little tired of eating junk food.
I really have to keep dealing drugs.
I don’t want to have fat children.
I’ll do my best to eat more fruit and vegetables every day.
Today is the day I quit smoking.
I’m going to think about maybe breastfeeding my new baby.
I hate eating fruit, and it is so expensive.
I promise I’ll keep a food diary for at least 2 days a week.
Yes, I’m going to take a 45 minute walk three mornings a week.
I give you my word that I will follow through with my action plan.
Activity 10: Eliciting and Building Confidence / Importance

This is a basic MI technique and can be used early in a course after a short input on OARS. It can be used to practice using confidence and importance scaling questions.

**Purpose:**
To identify strategies for eliciting confidence
To practice OARS in eliciting confidence

**Time allocation:** 15 – 25 minutes

**Resources**
[Eliciting and Building Confidence/Importance](#)

**What to do**

1. Divide participants into pairs, explain the exercise to both and ask them to take turns to be the listener and the speaker.

2. The speaker’s topic is:
   ‘Something I would like to change (or have good reasons to change, or is important for me to change) but I am not sure if I can (or have the ability to do it, or have the time/energy to do it.)’

3. Give the listener these instructions:
   a. Listen carefully with a goal of understanding the dilemma, but give no advice.
   b. Ask these four open questions, and listen:
      i. On a scale of 0 to 10, where 10 is very confident and 0 is not at all confident, how confident are you that you could make this change if you decided to? Follow-up: And why are you at…. and not zero?
      ii. What is there about you (strengths, abilities, talents) that would help you do this?
      iii. How might you go about it, in order to succeed?
      iv. What have you done successfully in the past that was like this in some way?
   c. Reflect and summarise confidence statements.
   d. Give the pairs 7 minutes to go through this process, and then swap roles if you have time.
   e. Debrief, discussing the impact of the questions.
   f. If relevant, discuss relevance of these questions to a brief intervention, and implications for providing a brief intervention in a very short space of time.
Activity 10: Eliciting and Building Confidence / Importance worksheet

Confidence
Listen carefully with a goal of understanding the dilemma, but give no advice. Ask these four open questions and *listen*:

On a scale of 0 to 10, where 10 is very confident and 0 is not at all confident, how confident are you that you could make this change if you decided to?

Follow-up: And why are you at .... and not zero?

What is there about you (strengths, abilities, talents) that would help you do this?

How might you go about it, in order to succeed?

What have you done successfully in the past that was like this in some way?

Importance

Listen carefully with a goal of understanding the dilemma, but give no advice. Ask these four open questions and *listen*:

On a scale of 0 to 10, where 10 is very important and 0 is not at all important, how important is it to you that you make this change?

Follow-up: And why are you at .... and not zero?

*If low importance, follow up with*

What is might have to happen to make this more important?
Activity 11: Exploring ambivalence / creating discrepancy

This exercise introduces a tool that can be used in (conjunction with OARS) to explore ambivalence. It’s a good exercise to use immediately after some facilitator led input on ambivalence.

Purpose To practice use of a decisional balance sheet to explore ambivalence

Time allocated 30 minutes

Resources Activity 11: Decisional Balance worksheet (pros and cons)

What to do

1. Provide an input about ambivalence to change, relating to readiness, and to importance and confidence. Describe tactics to assess and explore ambivalence (scaling questions, concerns, and the decisional balance).

2. Demonstrate any or all of these tactics.

3. Divide participants into pairs. One person will be the ‘client’ and one will be the ‘helper’. Explain that they are going to explore ambivalence.

4. Ask the client to identify a behaviour that they are not sure about changing. Something real if possible, but if they don't have something in mind suggest a behaviour like re-cycling or using public transport instead of the car, joining a book club or volunteering in a charity.

5. The ‘helper’ works with the client on the decisional balance. When the client feels it is completed the helper can try out exploring the ambivalence and some ways of tipping the decisional balance in favour of change by highlighting discrepancies. Use reflections and summarise, but try not to overemphasise the ‘sustain talk’, - reasons for not changing. Keep the conversations going in the direction of change.

6. Take feedback

Notes
You can also use this activity to practice the use of scaling questions to explore ambivalence.
### Activity 11: Decisional Balance worksheet

<table>
<thead>
<tr>
<th>Good things about behavior</th>
<th>Not so good things about behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Good things about changing the behaviour</th>
<th>Not so good things about changing the behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

When we think about making changes, most of us don’t really look at all “sides” of the change. Instead, we often do what we think we “should” do, avoid doing things we don’t feel like doing, or just feel it’s all too much and we and give up thinking about it at all.

Thinking through the pros and cons of both changing and not making a change is one way to help us make sure we have fully considered a possible change. This can help us to “hang on” to our plan in times of stress or temptation.

Fill in the boxes with all the things you feel are good and not so good about the behaviour, and about changing.
Activity 12: Exploring barriers to change

Use this where you think participants are unfamiliar with a social model of health it can also be used as a values and attitudes activity

Purpose
To explore barriers to change within an inequalities context

Time allocated
20 minutes

Resources
Power point slide ‘factors influencing health’
Flip chart paper
A range of coloured felt tip or marker pens

What to do

Give a short presentation on the Dahlgren and Whitehead diagram giving an example from each ‘layer’ of the kinds of things that impact upon health positively and negatively.

Divide the group into 4 smaller groups and allocate a ‘layer’ to each group leaving out individual lifestyle;

1: age sex and constitutional factors
2: social and community networks
3: living and working conditions
4: general socioeconomic, cultural and environmental conditions

Ask the groups to mind-map the barriers that might arise from these factors and then put the mind maps on the walls so everyone can walk around and see them.

Ask individuals to pick out an item that’s particularly striking for them and invite them to feedback on that item to the larger group.

(N.B. not everyone will have something to say so give a general invitation rather go round each person)
Activity 13: Exploring Resistance

This exercise should follow some input on change / sustain talk and can be associated with some self-reflection by participants on how they might unintentionally set up resistance in their clients.

**Purpose**
- To recognise resistant behaviour
- To identify tactics to roll with resistance

**Time Allocation** 30 minutes

**What to do**

1. Divide participants into groups.

2. Ask the groups to discuss their experience of ‘resistance’ behaviour by clients, and to identify some typical resistant statements.

3. Discuss in large group, eliciting and writing up resistant statement examples. Be sure to distinguish between simple statements of intent to carry on with a particular behaviour (‘Sustain Talk’), and behaviour which is demonstrating a reaction to the practitioner or to the situation.

4. Identify what might cause resistance (the resistance ‘traps’), and link back to earlier discussions about readiness and about The Righting Reflex.

5. Describe the principle ‘rolling with resistance’, and explore different ways of rolling with resistance. (The 8 rolling with resistance tactics can be presented here, or simplified, emphasising the need for the practitioner to show that they are listening, and also the need to acknowledge the autonomy of the client to make a personal choice.)

**Notes:** Discuss carefully the desire to justify or try to persuade when meeting resistance, (the Righting Reflex), and also the tendency to want to ask more questions.
Activity 14: Exploring the Cycle of Change

This exercise can be a straightforward exploration of the cycle of change and also used to develop an empathic attitude towards clients

**Purpose**
To allow participants to make connection between the cycle of change and their personal experience or possible experiences of patients & clients

**Time allocated**
20 minutes

**Resources**
- Cycle of Change handout
- Flip chart paper
- A range of coloured felt tip or marker pens

**What to do**

Divide the group into six, one group for each ‘stage’ in the cycle of change. This might mean you have six pairs. Give out the handout about the Cycle of Change.

Allocate a ‘stage’ to each group/pair and ask them to mind-map the features of the stage and feed them back to the large group.

Facilitate the feedback session inviting participants to fill in any gaps. Relate back to exercise 7 exploring personal experience of change or to possible experiences of patients and clients
Activity 15: Favorites Teacher

This is a good activity to illustrate the differences between a pure client centers approach, advice giving and motivational interviewing.

**Purpose**
To identify most useful teaching tactics and style. To identify 3 communication styles and relate these to health behaviour change intervention styles.

**Time allocation**
10 mins

**What to do**

1. Ask participants to reflect for a moment on someone who has been a great help to them in their life, - perhaps a very good teacher. ‘Think about who they are; what they did; what they said; how they made you feel’

2. Share characteristics in the large group. Characteristics are likely to include, - listening; asking me for my ideas; working together; not pushing me too much, but giving me challenges; sharing their expertise etc.

2. Explain that sometimes there is a perception that there are two main ways to communicate, - to be directive, or to follow (slides).

‘What do you do when a young child is about to cross the road when a car is coming?’ (Tell them what to do – quickly! Directing is ok.)

‘What do you do when a friend comes to you to tell you that his/ her relationship has run into problems? (listen and sympathise, - following is ok)

‘What happens if you tell that person what you think they should do?’ (resistance)..’

‘These examples illustrate two common communication styles – directing, and following. Both can be very appropriate at certain times. Counselling tends to be following, giving advice is usually directing. There is a middle way which is likely to have been what your favourite teacher showed: - guiding. Steve Rollnick, one of the authors of Motivational Interviewing, talks about MI being a guiding style. Guiding is coming alongside the person, - yet with a shared goal, - both of you know where you want to go. Rollnick also recognised that there might be a need to move from guiding to directing or following styles depending on circumstances. Be flexible’.

**Note**
This exercise links and overlaps with other exercises on the implications of a taking a persuasive approach, and also with activity The Obstacle Course.
Activity 16: Getting ready for change

This is a good exercise to run before more individual action planning.

**Purpose**
To allow participants to reflect on personal practice and their actions for change at the end of a course

**Time allocated**
20 minutes

**Resources**
- **Activity 16 “Getting ready for change” handout**
- Receptacle for written notes
- Information on local follow up support or resources

**What to do**

Give out the “getting ready for change” handout and invite participants to work through the items on their own, allowing about five to ten minutes. From this individual reflection ask participants to write any concerns or observations they have on individual pieces of paper, fold them and place them in a suitable receptacle.

The course facilitators take out the notes, read them and invite solutions and/or acknowledgment.

This is when the facilitators can talk about local support and follow-up arrangements.
Activity 16 “Getting ready for change” handout

Use this handout to guide your reflection on your own work practice.

A. On a scale of 1 – 10 how **important** is it for you to use what you’ve learnt on the course in your work?

1 2 3 4 5 6 7 8 9 10

Why do you think you’ve given that score?

B. On a scale of 1 – 10 how **confident** are you to use what you’ve learnt on the course in your work?

1 2 3 4 5 6 7 8 9 10

Why do you think you’ve given that score?

C. On a scale of 1 – 10 how **ready** are you to use what you’ve learnt on the course in your work?

1 2 3 4 5 6 7 8 9 10

Why do you think you’ve given that score?
Activity 17: Learning from practice

This activity is good for helping a group of participants from differing settings or services find out about each other's client group. It’s linked to activity 5 in that it also points up inequality through considering the barriers faced by people practitioners might think should change.

**Purpose**
To identify the barriers to change experienced by individuals or communities.

**Time allocation**
20 – 30 minutes

**What to do**

1. Explain that we want to find out more about the groups' ‘typical clients' and the context of their lives.

2. Split into small groups and ask them to draw ‘typical client with a variety of behaviours (they don't all have to be bad!) and then add the environment in which this person lives. (7 mins)

3. Ask groups to feedback the story of this individual. (6 mins)

4. Draw out the barriers to change experienced by individuals or communities, and discuss possible reasons for this. Discuss relationships between deprivation and lifestyle behaviours. Draw out discussion of victim blaming.
Activity 18: Matching statements to the stages in a conversation

This activity can be placed after some work on OARS and before any exploration of in-depth techniques. It helps practitioners build a structure for their consultation whether a ‘brief intervention’ or a longer session.

Purpose
To identify the purpose of different statements
To increase familiarity with a conversation flow

Time allocation
20 mins

Resources
Activity 18: Stages in a Conversation Statements

What to do

1. Discuss necessary tasks and stages in a conversation, and map out a possible conversation flow, whilst stressing the need for constant listening and flexibility.

2. Draw this on flip-chart and place this on the floor or wall.

3. Cut up the statements in worksheet 40 and place on the floor.

4. Ask participants to pick up one at a time and place it on the appropriate place on the flip-chart, explaining why they are placing it there. (Note that some statements may be appropriate at a number of stages).

5. Discuss learning and implications for practice

Notes

Note that some of the statements may be appropriate at different stages. You could vary this activity by asking participant to identify their own statements, perhaps in relation to a specific case, or issue. You could also ask them to do this individually or in small groups.

Another version would be to use the ‘Stages in a Conversation’ handout as a worksheet and ask participants to identify their own statements in relation to a specific case or issue.
Activity 18: Stages in a Conversation Statement

Would it be ok if we talked about how much you drink?

I know that you have recently had a diagnosis of CVD, how do you feel about discussing some of the ways you can help the condition?

Can you let me know how much you know already about drinking during pregnancy?

Would you be interested in learning some more about what affects diabetes?

Can I let you know my view on this?

Hello Ian, - how have things gone since we last met?

It’s great to see you Mary, thanks for coming. What’s been going on for you?

It’s not easy, being pregnant when you don’t want to lose your friends who don’t have children.

What would you like to talk about today? We looked at a few things last time which can affect CVD. You choose what you would most like to talk about.

So how important is this to you, - on a scale of 0 – 10 for example?

What makes this so important for you?

What would have to happen to make this even more important?
**Activity 19: MI Round Robin**

This exercise can work well if there is a particular sequence of tasks to be accomplished, such as the transition into and through Phase 2 You need to decide which part of the MI process to focus on.

**Purpose**
To practice MI skills in a group format by taking it in turns to respond to a client. To observe the use of MI skills.

**Time allocation**
20 minutes

**What to do**

1. Divide participants into groups of about 8 people. One participant will be asked to play a client, while the rest of the group becomes practitioners. You can give the client a role to play. (Another approach is to do this exercise as a real play)

2. Explain that the client should make a statement and each member of the group takes turns to respond. Emphasise that to maintain continuity; each is playing the same practitioner. So the client makes a statement, the first practitioner responds, the client replies, and then the next practitioner responds and so on.

3. Keep going until the process runs out of steam. You can always whisper ideas into the next practitioner’s ear if it seems to be slowing down too quickly.

4. If there is time, switch clients.

**Notes and variations**
You can also use it as a ‘real-play’ exercise, perhaps in smaller groups, and for instance focussing on ambivalence, or on resistance. One practitioner could ask a question while the next three respond with different levels of reflection.

*Tag Team* is another version of this, practicing new skills in groups of fours. In this case a client will again play a role and the other three play the same practitioner. Give clear instructions to the practitioners about what skills are being practiced. One practitioner responds to the client, and at any point ‘tags’ the next person to take over from them. The trainer can also interrupt and tag at random times, or they can stop action, rewind, or fast forward.

*OARS scrabble*
You could give each participant a card with an O, A, R or S on it. When the client says something, participants should raise the appropriate card, and then identify an O, A, R or S statement.

See examples of roles and scenarios, or make up your own.
Activity 20: MI Team Consult

This is a good exercise to use to practice some advanced reflections and summaries in a group. It’s an exercise that requires concentration and best run with the group in an energised, focused state.

Purpose
To practice MI skills in a group format by taking it in turns to respond to a client. To observe the use of MI skills.

Time allocation
20 minutes

What to do

As with exercise 30, but this time one person is the client, and one is a spokesperson for the rest of the group.

The client should make a statement, and then the rest of the group discuss the most appropriate response. The spokesperson then delivers this, and so on.

The trainer can ask the client what they feel about particular responses if necessary, or the group can try out different responses.
Activity 21: My role in HBC

Use early in a course or workshop

Purpose
To allow participants to explore and clarify their role in supporting health behaviour change

Time allocated
20 minutes

Resources
My role in HBC Worksheet

What to do
Ask individual participants to complete the worksheet and share with a neighbour. Take some details in the larger group and use to illustrate the range of opportunities there are to engage clients in health behaviour change activity and the benefits of practitioners using congruent approaches.
Activity 21: My role in HBC Worksheet

Who are my clients?
General characteristics

What is my role in changing behaviour?
Part of my role – main focus – not sure

Why am I the person to do this
Part of my job – expected by client – I think I should

Where are there opportunities for motivational approaches
Where in the client ‘journey’ do opportunities arise
Activity 22: Obstacle course

An active fun way to introduce the concepts of guiding directing and following.

Purpose To illustrate the essence of guiding, directing and following.

Time allocation 10 minutes

Resources Cards with Direct, Guide, or Follow written on them

What to do

1. Arrange a series of obstacles around the room, or have this already arranged in another room.

2. Ask everyone to stand up in two groups A and B. Give separate and confidential instructions to group A. Give each person in group A a card with either Direct, Guide, or Follow on it. Explain that each person will have a partner from the other group who will have their eyes closed and that they will have to use this style to make sure that the partner negotiates the obstacles in the room. Describe what you mean by each style, e.g. if Directing, the person should simply tell the person what to do; if Following, just ask the person to find their own way and follow behind; if Guiding, agree the goal first and decide together how best to negotiate the course with eyes shut. Then ask each person to find a partner in the other group.

3. Ask the B’s to close their eyes, and explain that their partner they will have to negotiate the obstacles in the room with their eyes closed, but with the help of their partner.

4. Ask the pairs to set off.

5. Give the pairs five minutes or so to negotiate the obstacles, then ask the B’s to open their eyes. Get all the Directors, Guides, and Followers to group together, with their partners. Ask the B’s for their reactions first, and draw out the feelings about the different styles, and the effectiveness.

6. Discuss the nature of the 3 styles, and the relevance of Guiding to Motivational Interviewing. Talk about the need to be able to move between each style, but emphasise that MI is a form of Guiding. Discuss the role of directedness in MI, and also emphasise the importance of the practitioner’s agenda but the need to reach a shared agenda.
**Activity 23: Personal action planning**

An individual action-planning exercise where the content need not be shared.

**Purpose**
To allow participants to plan their next steps.

**Time allocated**
15 minutes.

**Resources**
*Activity 23: Personal Planning Record*

**What to do**
Give out the handout and invite participants to work through the items on their own, emphasising that this plan can form the basis for further learning.
Activity 23: Personal Planning Record

I am excited about…

I want to implement…

I want to find out more about…

I want help from…

What I will do…

When I’ll do it by…
Activity 24: Pressure point

This is an exercise which could be placed before a break or just before the end of day one in a training course. It’s quick to do and a light hearted way of illustrating the practitioner’s role in resistance.

Purpose To demonstrate the impact of putting pressure on someone who is ambivalent. To demonstrate the impact of readiness to change.

Time allocation 10 minutes.

What to do

1. Ask participants to stand up and move around the room a bit. Then ask them to identify a change that they have been considering or have been struggling to make. If you have already asked them to think about a personal behaviour change earlier on in the course they could use that. Reassure them that they will not be asked to share anything with the rest of the group. Ask them to raise their hands when they have thought of something.

2. Then tell them that they will not be allowed out of the room (for lunch; coffee, or to go home), unless they decide whether or not to change:

   ‘You must make a decision about whether you will make this change before you can leave the room today, and this decision will be permanent.’

3. Give them 30 seconds to think about this, then say that people are likely to have very different reactions to this statement and ask them to share their reactions with each other and then with the whole group. (Note that they don’t need to share anything about the change they were thinking of.) Some people might decide to change, or avoid change altogether, or even to lie to the facilitator in order to be let out of the room. Reassure them that this has only been an exercise to illustrate the effect of pressure and they can leave the room no matter what they have decided to do.

4. Debrief by pointing out that these reactions illustrate the effects of putting pressure on someone who is ambivalent. Reactance is a normal response to pressure and loss of autonomy. (Can discuss Brehm’s concept of reactance). When not fully ready to change most people will resist the change or lie about their intentions. Those who are more ready may well feel able to make the commitment to change, and a minority report that the persuasion was helpful. Some of the participants may well be dealing with clients who have not chosen to receive counselling for change, and this exercise can be useful to increase empathy with clients.
Activity 25: Pulling it together: Using OARS

This should be used only after the different elements of OARS have been explored and practiced. Observers need to be briefed on what to look for and how to feedback to their colleagues in a way that supports their learning.

Purpose To practice using OARS to gain a greater understanding of clients

Time allocation 30 - 40 minutes

Resources Activity 25: worksheet (3 pages)

What to do

1. This exercise offers participants the chance to practice the ‘microskills’, OARS. These are:
   - Open questions
   - Affirmations
   - Reflective listening
   - Summarising

2. Divide participants into groups of three. Each person will take turns to be a practitioner, a client, and an observer. This exercise can be done as a ‘realplay’, where the client identifies a subject which is real to themselves, or a ‘roleplay’, where the clients are given some scenarios to act out.

3. Ask the groups to decide who will play the client first of all. Suggest that they identify something that they feel ambivalent about which they are prepared to share with others. The practitioner’s job is to use OARS to find out more about where the client is coming from. The observer will be given a tracking sheet to note when they see OARS being used. Tell the groups that you will give a warning when one minute is up so that the practitioner can offer a summary at that stage.

4. Note: at any point the practitioner can pause the conversation and consult with the observer. They may also ‘rewind’ back to an earlier point, and try again, or try another angle.

5. Rotate the roles and repeat

6. After everyone has been in each role, ask small groups to discuss their experiences, starting off with the experience of the clients.

7. Process in large group.

Note You might have preceded this exercise with input on ambivalence, including importance and confidence, and on strategies to assess and explore ambivalence. Relate to Cycle of Change. Or you might provide this input after the activity.
Activity 25: worksheet

The use of OARS

Open questions and Reflections:

- Clarifying ambivalence
- Clarifying feelings
- Clarifying values
- Clarifying reactions to others
- Guessing at ‘what comes next’
- Giving voice to what the client is not saying

Affirming

- That you can see the person’s point of view
- The struggles or difficulties involved
- The successes the client has had
- The skills/ strengths you perceive

Summary

- Person’s mixed feelings, thoughts, values
- Person’s relationship to the issues, feeling about resolving
### Activity 25: worksheet continued

#### OARS Tracking Sheet

<table>
<thead>
<tr>
<th></th>
<th>Practitioner 1</th>
<th>Practitioner 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPEN QUESTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AFFIRMATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>REFLECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SUMMARY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
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<td><strong>Filler:</strong></td>
</tr>
<tr>
<td></td>
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<td>Closed question:</td>
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<tr>
<td></td>
<td>Opinion/ Advice:</td>
<td>Opinion/ Advice:</td>
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<tr>
<td></td>
<td>Provide info/ teach:</td>
<td>Provide info/ teach:</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td>Other:</td>
</tr>
</tbody>
</table>
Activity 25 worksheet continued

Observation sheet: Dancing or Wrestling?

As you follow the interview, determine where you think the interaction is on a continuum ranging from 1 (total Wrestling; struggling with each other for control) to 6 (total Dancing; moving together smoothly and cooperatively). When you perceive a change in the interaction, note what happened at the point of change.

<table>
<thead>
<tr>
<th>Wrestling</th>
<th>Dancing</th>
<th>What happened at the point of change?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

How do you know when you’ve got it right?
**Activity 26: Putting it all together**

A useful exercise to have towards the end of any training course or workshop to help pull together the strands of what has been learnt in the session.

**Purpose**

To practice health behaviour change skills and tactics
To apply health behaviour change skills and tactics to specific scenarios

**Resources**

*Activity 26: Practice scenarios: stages of a conversation*

**What to do**

You can use any of the teaching techniques used in earlier activities for this:

- Realplays
- Roleplays with devised or scripted scenarios relevant to particular subjects or practitioner groups
- Practising in Round Robins, Team Consults, or Goldfish Bowls

You could focus on particular stages or tasks in a conversation, or on a whole conversation.

You could ask participants to work on one scenario in stages, developing it a little further each time so that there is a chance to practice different stages, e.g.:

- Starting a conversation (rapport & empathy; raising an issue; agreeing an agenda)
- Exchanging information
  - Assessing current behaviour and understanding (using assessment tools)
  - Providing information
- Assessing readiness
- Exploring ambivalence
- Change planning (see ‘Change Plan Worksheet’ handout)
- Supporting confidence
- Exiting at any stage

There are some sample stage based scenarios in the worksheets, but you can create your own, relevant to the practitioners you are working with.
Activity 26: Practice scenarios: stages of a conversation

Starting a conversation

1. **Raising the issue of alcohol**

   **Client**
   You are Sally (21). You are 3 months pregnant and are in to see your midwife for a routine visit. You are pleased to be pregnant, but also worried about what the future holds for you, and how having a baby might change your life.

   **Practitioner**
   You are a midwife. Sally (21) is 3 months pregnant and has come for a check-up. Everything is fine, but you would like to raise the issue of drinking alcohol as some things that Sally has said before have made you think that she leads quite a party lifestyle.

2. **Negotiating an agenda**

   **Client**
   You are Mary Scot (55). You have recently been diagnosed with diabetes, and have come to see the practice nurse for advice on self-management. Your are still quite shocked at the diagnosis, and although you know that you will have to make changes to your lifestyle you still feel pretty overwhelmed about what you have to do. It all seems too much and you feel too old to change your life. You just want someone to make everything better.

   **Practitioner**
   You are a practice nurse, meeting Mary Scott (55), who has recently been diagnosed with diabetes. You want to agree a self-management plan with her. There are a number of lifestyle changes you would like to see Mary make, but you know that at this stage she would be best to concentrate on one or two simple changes. First you need to agree an agenda with her for the conversation today.
3. Giving feedback about results or about assessment

*Identify a situation which is real for the practitioners on your course. This might be related to the results of a CVD check, an alcohol screen, or clinical results, e.g. diabetes.*

**Client**
You have gone to …..to get results or get feedback about….. This might or might not be a surprise to you.

**Practitioner**
You have just had the results of an assessment for x. You want to give some feedback to x and start a conversation about the implications of this information.

**Listening for readiness and exploring ambivalence**

Use the earlier scenarios, but this time move the conversation along a bit more in order to find out if the client is ready to make changes, and to try to understand the dilemma they might be in. Explore their ambivalence, and try to help them to resolve it.

Useful tips:

- Try assessing importance and confidence
- Explore pros and cons, or concerns
- Listen for change talk
- Ask ‘So what….?’ questions
- Use OARS!

If your conversation elicits a commitment to make a change do go with that and start to strengthen that commitment and help the client plan to make changes. Just be careful that you don’t misread readiness and jump ahead too early.

1. Sally

**Client**
You are meeting your midwife and you’ve told her that you are drinking still. You do worry about it, but you’re also worried about how things are going to change when the baby is born, and having fun with your friends at weekends and behaving as you used to helps you forget your concerns. You really don’t want to be told what to do again as you feel that you’ve had a lot of that recently.

**Practitioner**
Sally is 3 months pregnant, and you know that she is drinking quite significantly, at least at weekends. You want to discuss change with her, but know that you find out how ready she is to make changes, and understand why...
she might be ambivalent about change.

If she shows any commitment to making a change you want to help her with planning.

2. Mary

Client
You are Mary, and recently diagnosed with diabetes. You feel overwhelmed by the whole thing, but given a choice, have agreed to discuss how to exercise more. You do know how important it is, and you’ve tried to take more exercise at different times over the years. The trouble is you never seem to keep it going for long. You feel too fat to exercise much, and anyway there is so little time in the day.

Practitioner
You’ve been discussing self-management of diabetes with Mary. She’s told you that she feels overwhelmed by all the changes she knows she should make, but you’ve agreed that today you will discuss exercise and how it can help her condition. You want to know how ready she is to make changes, and understand why she might be ambivalent about change.

If she shows any commitment to a change you want to help her with planning that change.

3. X

Client
You’ve just had feedback about……, and your practitioner has made you aware of the implications of it and would like to discuss your feelings about the behaviour change which would help.

Practitioner
You’ve just given feedback about ….to X and would like to discuss more about the behaviour which would help. You want to get an idea of how ready the client is to make any changes, and to understand their dilemma.

If they show any commitment to a change you want to help them with planning change.
Strengthening commitment and planning change

1. Sally (drinking in pregnancy)

**Client**
You’ve been quite shocked about how much you are drinking and you really want to cut down so that you reduce the chance of harming your baby. You’re uncertain of managing it, but would like to discuss some practical ideas.

**Practitioner**
Sally has said that she really wants to reduce her drinking in order to protect the baby. You want to elicit ideas and negotiate an action plan with her. You very much want her to feel able and competent to do this as she’s expressed a general lack of confidence in the past.

2. Mary (diabetes self-management)

**Client**
You are beginning to feel that you really might be able to do something to help your diabetes by exercising more. You know how important it is and you want to plan to make changes in how much exercise you take which you will stick with.

**Practitioner**
Mary has said that she is really keen to start taking more exercise. You want to elicit ideas from her and negotiate a realistic action plan together. You want her to feel able and competent to do this and able to access as much support as she needs.

3. X (unknown scenario)

**Client**
You really see how important it is to…., and you feel fairly confident to do something about it. You would like help to think through what to do.

**Practitioner**
X has told you that he/she really wants to do something about….and that they are ready to make a change. You want to elicit ideas from him/her, and work out an action plan together. You want him/her to feel able and competent to do this, and able to access as much support as he/she needs.
Activity 27: Raising the Issue

This is a useful activity for participants whose role involves raising the issue of a single or multiple health behaviours with a client. The participant may have to refer the client to other services for support with change. Developing a repertoire of useful openings gives practitioners’ confidence in their practice.

**Purpose**
- To identify strategies for raising sensitive issues.
- To practice raising issues

**Time allocation**
30 – 30 mins

**Resources**
Health Behaviour Change Scenarios for raising the issue

**What to do**

1. Elicit from the group examples of where it might be hard to raise the issue of behaviour change with a client. (This might be related to the practitioner’s or the client’s views of a subject, or to do with timing). Which subjects might be particularly difficult to raise? (This activity can also be linked to ones which enable participants to explore their attitudes to particular subjects, and their concerns about their role in raising an issue, e.g alcohol, or obesity in children).

2. Divide people into groups of 4, and give each group a specific subject or scenario to consider (the worksheet gives some examples of raising the issue scenarios, but you can create your own, relevant to your participants.)

3. The groups should identify what they would do to make it easier to raise the relevant issue, writing down examples of statements they might use.

4. Take brief feedback from whole group.

5. Ask the groups to practice raising the issue in specific scenarios, with one person being the client, another being the practitioner, and two observers.

6. Each practice should only take a few minutes. Encourage feedback within groups.

7. When give out a different scenario to each group, and repeat the process in large group drawing out learning and implications for practice.
Activity 27: Health Behaviour Change Scenarios for raising the issue

This is where your ‘generic’ course can be focussed towards particular issues, for instance different lifestyles, or issues concerned with anticipatory care or the self-management of long-term conditions. These are just suggestions to get you started. You will probably create scenarios for your particular courses. You can start with ideas from your participants, and build up a more complete picture together.

James is a 64 year old man who has been smoking since he was 15. He is diabetic and has come in for an amputation because of peripheral vascular disease. He enjoys the occasional drink when out with pals at the local railway man’s club. He is feeling low about this operation.

Flora is a 26 six year old single parent on income support with two children under five. She is overweight and tired all the time. She skips breakfast and uses take-aways a lot as she doesn’t know much about cooking but she wants to do something about it as she has seen so many tv programmes about weight and diet.

Andrew is in his first job since leaving university. He enjoys the job but it’s pretty high pressured with lots of deadlines and long working hours. He enjoys going out with his pals at the weekend and a good night is a night he can’t quite remember. He has missed a few Monday mornings because of hangovers. His boss has told him to shape up.

Elsie is 53. She cares for her mother who has dementia. Elsie gets some respite care and her mother goes to a day centre twice a week. Elsie is worried about her general health as she needs to keep fit to look after her mother. She’s out of the good habits she used to have and has started smoking again having given up about five years ago.

Eddie is a taxi driver and has just found out he has hypertension. It runs in his family, they all have it so why should he worry – there is nothing he can do.

Notes
NHS Health Scotland has developed a number of subject specific eLearning modules on raising the issue (Raising the Issue of Alcohol, Child Healthy Weight, Physical Activity and Smoking). These are available online here
Activity 28: Readiness Ruler Line up

General use good for gauging where participants are in terms of confidence

**Purpose**: To help trainees to examine their own readiness to participate in learning. To visually demonstrate the scaling process.

**Time Allocated**: 25 minutes

**Resources**: A4 paper with numerals 1 – 10 one numeral per sheet

**What to do**

1. Place a series of numbers on the floor, from 0 to 10. Various questions can be used to find out how interested; motivated; experienced, or confident trainees are to help people to change their behaviour. Ask people to place themselves on the ruler according to how they feel about the questions.

**Options:**

How much experience do you have of helping people to change behaviour?
How important is it for you to be able to help people to change their behaviour?

2. Ask people to chat with whoever is next to them for a minute. Then interview some participants to find out why they have placed themselves where they are on the line.

3. Then ask the question: How confident are you at helping people to change their behaviour?

4. Again, ask people to chat for a minute. Then interview people about why they have placed themselves where they are. The following questions could be used:

   a. Why are you here and not at….. (a higher or lower number)
   b. What would it take to move you from A to B (a higher number)

**How this activity can be used**

This activity introduces trainees to the readiness rulers and the questions that they will use with their own clients, and demonstrates visually how the scaling method works. It gives an opportunity to draw out the range of factors that contribute to readiness: e.g. perceived importance, confidence, reasons, need and reactance. Used at the beginning of a workshop it can assess participant’s level of interest and their readiness to learn. Participants may not have chosen to attend the workshop, and this can be a good way of surfacing resistance to training.

If used midway through a course it can give the trainer an idea about what to focus on in the rest of the training.

It can be used at the end of a course to reassess feelings and confidence.
Activity 29: Recipe for a good health behaviour change or motivational interviewing practitioner: Making an MI dish

A lot of fun, this can be a useful exercise on a follow-up day or coaching day. It offers an opportunity to elicit a summary of key points from the trainees, and also the chance for the practitioner to get an idea of where the trainees are at in terms of knowledge.

Purpose

To review learning so far, and to refresh trainees' knowledge about the spirit and principles of MI or health behaviour change. To identify current knowledge and awareness about best practice in health behaviour change or MI.

Time allocation 20 – 30 mins

What to do

1. Break the trainees into small groups of 3-5 people depending on how many trainees there are.

2. Ask each group to work as a team of chefs to create a short recipe for a good Health Behaviour Change or MI practitioner complete with ingredients and cooking instructions. They can be as creative as they like, and give some examples. Prompt them to think of spirit and principles, any skills that they have practiced, or any other experiences during training that have been useful.

3. Ask each team to give their recipe a name.

4. Ask each team to write up their recipe and draw their dish on a piece of flip-chart paper.

5. Get each team to present their recipe to the rest of the group.

6. Draw out the elements of health behaviour change and MI and use the chance to summarise and to revisit the framework.
Activity 30: Reflections practice 3 – writing reflections at different levels

This can be one in a series of activities which lead to a greater understanding of the purpose and practice of reflective listening. This gives practice in more complex reflections.

**Purpose**
To practice writing reflections. To identify that there may be a choice in what to reflect. To increase confidence in offering reflections.

**Time allocation**
20 – 30 mins.

**Resources**
- Reflective Responses to Sentence Stems (2 pages)

**What to do**

1. Discuss reflections. You might also want to demonstrate reflections at the beginning or end of this exercise.

2. Divide into groups. Give out written statements and ask groups to write down reflective responses.

3. Discuss the responses.

4. Remind people that there may be a choice in what to reflect, and that reflections can go behind what has been said to reflect the feeling, the meaning, or even amplify the reflection. Note that choosing what to reflect gives an opportunity to keep the conversation in the direction of change.

5. Do the same exercise with different statements and this time ask for different levels of reflections. Go round the groups coaching.

6. In small groups individuals should share their learning from the exercise.

7. Share in large group.

**Notes**

There are some statements on a handout, or you can create your own, especially if you want to be topic specific. This can be one in a series of activities which lead to a greater understanding of the purpose and practice of reflective listening.

Stress that we can also listen non-verbally.
Activity sheet 30: Reflective Responses to Sentence Stems

Read the sentence stem and write down 3 versions of reflections: a simple reflection, a reframing, and if possible, a reflection of the feeling behind the statement.

It’s been fun, but something has to give. I just can’t go on like this anymore.

It’s been over a year since I was checked up for.....

You know, if she would just back off, then the situation would be a whole lot less tense and then these things wouldn’t happen.

I’ve been depressed recently. I keep trying things to help me feel better but nothing seems to work.

Read the sentence stem and write down 3 versions of reflections: a simple reflection, a reframing, and if possible, a reflection of the feeling behind the statement.

It’s my body and I’m tired of people telling me what to do with it.

My father smoked for 60 years and it never hurt him.

I’ve tried stopping.

I’d like to stop, but I’ve been under a lot of stress lately and smoking helps me cope.
Additional examples of statements

• I’m not sure I’m concerned about it, but I do wonder sometimes if I’m drinking too much.

• I’ve tried losing weight more times than I can remember.

• I don’t want my daughter to have the same kind of life I’ve had.

• I’m in too much pain to even think about working.

• It’s not like it’s really serious, but sometimes when I wake up in the morning I feel really awful, and I can’t think straight most of the morning.

• When I’m trying to lose weight I get terribly crabby.

• I’m a wreck as a mother.

• Yes, even when I’m not drinking sometimes I mix things up, and I wonder about that.

• Thinking about losing weight is easy. Doing it is another story.

• I have no money. I’m on probation and we live in bed and breakfast accommodation. I don’t know what to do.
Activity 31: Reflections practice 4: Offering reflections in a conversation

This can be one in a series of activities which lead to a greater understanding of the purpose and practice of reflective listening. This exercise gives the opportunity to practice a range of reflections in a ‘realplay’ It’s a good one to lead into activity 24

**Purpose**
To practice using a range of reflections in a conversation

**Time allocation**
20 minutes

**What to do**

1. The facilitator could start this activity by demonstrate reflective listening with a participant. Ask the participant to talk about something which matters to them, e.g. What I find it hard to make decisions about. Then offer reflections and if necessary, questions. Summarise after a few minutes.

2. Divide participants into pairs and ask them each to identify a topic, e.g.
   a) What I would like life to be like in 5 years’ time.
   b) What is important to me about my job.

   They should take turns to act as speaker and listener. Ask the listener to try to include some more complex reflections by reflecting back the meaning or feeling lying behind what is being said. Give each person a few minutes, and warn them when time is coming to an end so that the listener can summarise.

3. Discuss learning in large group

4. Show a video-clip of reflections in a conversation.
Activity 32: Reflective listening 1 – making guesses

This is an early OARS activity which helps participants practice active or attentive listening and develop their ability to reflect

**Purpose**

To demonstrate the need to actively listen to what lies behind an individual’s statements and test out hypotheses about meaning

**Time allocation** 10 – 20 mins

**What to do**

1. Explain what reflective listening is, and the role it plays (see trainers’ notes).
2. Explain that the first step in reflective listening is to listen carefully and make a hypothesis (best guess) about what the client actually means.
3. Ask participants to work in small groups
4. One participant is asked to make a statement about themselves e.g. ‘Something I like about myself is…’ Or ‘Something you should know about me is….’
5. The rest of the group have to try to figure out what exactly the speaker means by taking it in turns to ask ‘Do you mean you…?’ The speaker is only allowed to answer yes or no.
6. Once someone guesses correctly another member of the group takes a turn at making a statement about themselves and the process is repeated.
7. In plenary ask the question:

   ‘What did you learn from this exercise?’
   ‘Where there any surprises?’
   ‘How did it feel to be the speaker?’

**Notes**

This can be the first in a series of activities which lead to a greater understanding of the purpose and practice of reflective listening.

Stress that we can also listen non-verbally.
**Activity 33: Reflective Listening 2 – offering reflections**

This is one in a series of activities which lead to a greater understanding of the purpose and practice of reflective listening. This exercise offers practice in simple reflection.

**Purpose**
To demonstrate the potential to gain new information through offering reflections. To practice making reflections.

**Time allocation**
10 – 20 mins

**What to do**

7. The next step in understanding reflective listening is to reflect back the content of what the client has said in a statement, being careful that it is not expressed as a question. Making the phrase go down at the end can ensure this. There is a difference between:
   a. You hate having a fuss made.
   b. You hate having a fuss made?

2. ‘A reflection is still a best guess, so don’t worry about getting it perfect – even reflections that are inaccurate usually elicit useful information.’

3. Describe some reflections, and ask a participant to volunteer a statement about themselves and demonstrate by responding with a reflection.

4. Divide into groups of three. One person makes a statement about themselves and the other two take turns to respond with a reflective statement. The person speaking should respond as feels natural, and the listeners respond to this new information with reflective listening being used as much as possible. Possible statements might be:
   
   `one of the ways I can really relax is by…`
   `“one thing about myself I’d like to change is..”`
   `‘One thing I hope for in the future is…’`

5. Participants should rotate roles.
   The trainer circulates round the groups to reinforce, clarify, and make suggestions as necessary.

6. Take feedback in large group, eliciting the benefits of reflections.

   *What did you learn from this exercise?’*
   *’Where there any surprises?’*
   *’How did it feel to be the speaker?’*
Discuss how reflections can be simple, or a bit more complex. They can reflect the content, or they can pick up on the meaning or feeling behind what is said. If there is change talk, that can be reflected, and sometimes an ‘amplified reflection’, where the practitioner goes beyond what is said, can be useful. It is important to try to make some more complex reflections otherwise the conversation can go round in circles.

7. Note that there should be 2 – 3 times as many reflections as questions.

Notes
Stress that we can also listen non-verbally.
Activity 34: Resistance practice: Carousel

This activity can come after you have done work to identify strategies and skills to handle resistance, or you can start it with an input on and demonstration of the 8 skills of rolling with resistance. As with Activity 35 this is best used as an ‘advanced’ exercise’ with experienced practitioners or when you are confident your participants feel safe enough to experiment.

**Purpose**
- To practice rolling with resistance
- To identify most useful responses
- To increase confidence in coping with resistance

**Time allocation** 20 – 30 mins

**What to do**

1. Revisit strategies for handling resistance

2. Ask participants to sit in a carousel (i.e. two circles of chairs facing each other).

3. Participants on the outside are given short role play scenarios and asked to take the part of a resistant client. (These could be scenarios which have already been identified by the trainees.)

4. Practitioners sitting opposite are asked to take the practitioner role and respond to the person using the strategies discussed.

5. The trainer indicates when to start and after approx 2 mins blows a whistle or otherwise indicates that they should stop.

6. Each person in the ‘client’ circle then moves round one chair and the process starts again.

7. After two or three changes stop for plenary discussion:
   a. Ask the clients what was least and most helpful in reducing their sense of resistance. List the helpful tactics.
   b. Ask the practitioners what they took from the exercise.

8. Repeat, but swap roles. Again, let it go for 2 – 3 changes and then take feedback, discussing how easy it is to slip into the Righting Reflex and the expert role, or to start arguing. Identify the difference in the feel of the conversation when the strategies used helped to defuse resistance.
Activity 35: Resistance Skills

This activity can come after you have done work to identify strategies and skills to handle resistance, or you can start it with an input on and demonstration of the 8 skills of rolling with resistance. This activity is best used as an ‘advanced’ exercise’ with experienced practitioners.

**Purpose**
To practice skills of rolling with resistance

**Time Allocation**
30 minutes

**Resources**
Activity 35: Participant Handout

**What to do**

1. The eight skills of rolling with resistance

   ① **Simple reflection**: reflect what is said  
   ② **Amplified reflection**: add some intensity and take the statement a little further  
   ③ **Double-sided reflection**: reflect the ambivalence  
   ④ **Shifting focus**: change the focus or subject  
   ⑤ **Reframing**: offer a new meaning or interpretation  
   ⑥ **Agreement with a twist**: reflection followed by a reframe  
   ⑦ **Emphasise personal choice**  
   ⑧ **Siding with the negative**

2. If participants find the 8 tactics confusing, do remind them that simply offering any kind of reflection may well defuse resistance, and that emphasising personal choice is another strong tactic.

3. Divide participants into pairs, and tell them that they will take turns to be a client and a practitioner.

4. Ask the clients to take a few minutes to think of and write down a resistance statement consisting of two or three sentences. (If you have done the exercise ‘Exploring Resistance’, you will already have some examples).

5. The client should then say their statement to the practitioner 8 times. Each time, the practitioner should respond with one of the skills.

6. When finished, swap roles and do the same thing.

7. Debrief, by asking for the trainees’ experience of being able to roll with resistance, and the effectiveness of the different strategies.
Activity 35: Participant Handout

Rolling with Resistance – 8 skills

1. **Simple reflection**: reflect what is said

2. **Amplified reflection**: add some intensity and take the statement a little further

3. **Double-sided reflection**: reflect the ambivalence
   a. You really didn’t want to come here today, and yet you’re here.

4. **Shifting focus**: change the focus or subject

5. **Reframing**: offer a new meaning or interpretation
   a. Your wife really cares about your health.

6. **Agreement with a twist**: reflection followed by a reframe

7. **Emphasise personal choice**

8. **Siding with the negative**
Activity 36: Resources for change

This activity is good for exploring individual access to the determinants of health and the range of factors that influence ability to initiate and sustain change.

Purpose to highlight the range of resources that support health behaviour change

Time allocated 20 minutes

Resources
Small cards with ‘resources’ written on them; intra personal, interpersonal and extra personal e.g. Worksheet 36: Resources for changes (4 pages)

- will-power
- self-efficacy
- confidence

- Money
- childcare
- access to transport

- literacy skills
- supportive friend
- greenspace

- workplace policy
- local leisure centre
- understanding of health risk

Have multiples of some cards and only two or three of others - this can be done randomly.

What to do

Put piles of the same cards around the room.
Ask participants to get into small groups of three or four.
Inform them they are going on a resources raid and they have to get enough resources within two minutes to be able to make a health behaviour change.
They can only take one example of each card.

After two minutes call a halt and each groups reviews what they have. Could they begin a change process with what they have got?

Facilitator can pose questions such as
Are resources evenly distributed across groups of people? What does this tell us about health inequalities?
Are some resources more important than others?
## Worksheet 36: Resources for changes

<table>
<thead>
<tr>
<th>Willpower</th>
<th>Local leisure centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-efficacy</td>
<td>Messages about risky behaviour</td>
</tr>
<tr>
<td>Confidence</td>
<td>Time</td>
</tr>
<tr>
<td>Money</td>
<td>Friendship networks</td>
</tr>
<tr>
<td>Childcare</td>
<td>Close family</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------</td>
</tr>
<tr>
<td>Access to transport</td>
<td>Desperation</td>
</tr>
<tr>
<td>Literacy skills</td>
<td>Access to good fruit and vegetables</td>
</tr>
<tr>
<td>Supportive friend</td>
<td>Access to services, e.g. smoking cessation</td>
</tr>
<tr>
<td>Greenspace</td>
<td>Health literacy</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Workplace policy</td>
<td>Hope for the future</td>
</tr>
<tr>
<td>Desire for something to be different</td>
<td>Being listened to</td>
</tr>
<tr>
<td>Feeling part of a community</td>
<td>Seeing other people adopt healthy behaviours</td>
</tr>
</tbody>
</table>
Activity 37: Responding only with Reflections

This can be one in a series of activities which lead to a greater understanding of the purpose and practice of reflective listening. This exercise gives the opportunity to practice a range of reflections in a ‘realplay’ It’s a good one to lead into activity 24

**Purpose**
To demonstrate the power of reflective listening to elicit new information. To increase confidence to make a ‘best guess’ through reflections

**Time allocation**
10 – 20 mins

**What to do**

1. Divide participants into groups of 3.

2. One person is the speaker. They should offer a statement about something about themselves that they would like to change (a characteristic, or behaviour) to the other two.

3. The other two are listeners, and should take turns at offering a reflective statement back to the speaker.

4. The speaker should respond naturally, and the next person should reflect that new statement.

5. Listeners should only respond with reflections

6. Trainer should demonstrate by having a participant tell them one change statement, and respond only with reflections. E.g:

   One thing about myself I would like to change is my moodiness. **You never know if you’re going to be up or down.**
   No, it’s not that. I can tell how I’m going to feel, it’s just that I overreact to things.
   **Even little things can upset you.**
   Sometimes, yes. Mainly I think I worry too much.
   **You sit and fret about things.**
   Uh-huh. Often there’s nothing I can do about it, but still I go over and over it in my mind.
   **And that gets you moody.**
   Yes! I get myself all worked up, and I lose sleep.
   **Even at night, you’re worrying.**
   Yes. That’s what I wish I could change.

7. Trainers should circulate and coach if necessary.
8. Discuss from the viewpoint of speakers and listeners. The exercise is designed to challenge participants to rely more on empathic listening and less on asking questions.

**Notes**
In a normal conversation the practitioner would of course ask questions, however, in preventing the practitioner from asking any questions this activity can demonstrate the power of good reflections to elicit new information or change talk. It can also demonstrate that even when the guess has been wrong, new information can be elicited.
Activity 38: Roadblocks part 1

A skills development activity which can be used as a general communication awareness exercise before exploring OARS

Purpose to explore the use of motivational language

Time allocated 20 minutes

Resources Power point slides on roadblocks

Worksheet 38: Roadblocks part 1

Flip chart to record responses

What to do

Ask the group to get into pairs and let them know that they are about to engage in an exercise that will help them identify roadblocks that impair effective listening.

With participants, create a list of ‘roadblocks to listening’. The first points that people raise are likely to be environmental or non-verbal (e.g. position of chairs; noise; lack of eye contact; body posture etc.) Ask for verbal roadblocks, pointing out a few of the obvious roadblocks such as warn or threaten, disagree, judge, and blame.

Ask participants to list roadblocks that are less obvious.

If nobody responds, ask how agree or approve might be roadblocks to effective listening. Remind the participants that the client is in charge of his/her recovery and that ultimately the power to change is with the client, whereas when a practitioner shows approval or disapproval, that puts them in a parental or teacher role and then it looks like they are taking charge (in control).

Humour can also be a roadblock. Discuss with attendees how the use of humour might impair effective listening.

Give out the handout of Thomas Gordon’s ‘Roadblocks to Listening’.

Describe the how roadblocks get in the way of effective listening. For example, praise maybe perceived as an attempt at manipulating the client who will then close down and not be forthcoming.
Worksheet 38: Roadblocks part 1

Roadblocks to Listening

- Ordering, commanding, directing.
- Warning, threatening.
- Moralizing, preaching, giving "shoulds" and "oughts".
- Advising, offering solutions or suggestions.
- Teaching, lecturing, giving logical arguments.
- Judging, criticizing, disagreeing, blaming.
- Name-calling, stereotyping, labelling.
- Interpreting, analyzing, diagnosing.
- Praising, agreeing, giving positive evaluations.
- Reassuring, sympathizing, consoling, supporting.
- Questioning, probing, interrogating, cross-examining.
- Withdrawing, distracting, being sarcastic, humouring, diverting.
Activity 39: Roadblocks part 2

A skills development activity which can be used before exploring OARS as a general communication awareness exercise. This can be a fun activity and raise energy in the participants but be aware that the ‘story teller’ can get frustrated with the ‘roadblocks’

**Purpose**
Demonstrating how language can hinder dialogue

**Time allocated**
15 minutes

**Resources**
Worksheet 38: Roadblocks part 1

**What to do**

Ask the group to get into pairs and let them know that they are about to practice using roadblocks.

Briefly review the list of roadblocks generated in the earlier exercise.

Each participant takes it in turn to tell a ‘story’, this could be about their most recent holiday, an incident at work, what they hope to get out of the training. The other participant acts as the ‘listener’ and uses as many of the roadblocks as they can in their responses to the story. Allow just under five minutes per person.

Take brief feedback on how that felt for the storyteller and the listener emphasising the need for sensitivity to the sort of language we use with clients.
Activity 40: Summarising exercise

This summarising exercise can be used as part of practicing the elements of OARS. It can come after an early reflection exercise such as activity 22: Offering reflections in a conversation

Purpose To practice summarising

Time Allocation 20 minutes

What to do

Part 1

1. Get participants into pairs, one will be a speaker and the other a listener. Ask the speaker to talk for 90 seconds about something which is a dilemma for them, or about a situation or behaviour which they are thinking of changing. Give them a minute to think of something, and stress that everyone should start speaking at the same time, so to wait until the trainer says ‘go’.

2. The listener’s task is to be an interested listener without saying anything or asking questions, and then to give a summary of what they have been told at the end. The listener must not try to solve the speaker’s problem or give advice. When summarising, try to avoid changing or adding things to what the speaker has said.

3. Ask the speaker’s to start, and tell them when to finish.

4. Change roles and repeat.

5. Ask what it was like to be the listener, and what it was like to receive a summary.

Part 2

1. Change partners. Once again, one person talks, and the other listens.

2. The person who speaks repeats his/ her story for 90 seconds without being interrupted.

3. The listener’s task is to be an interested listener without saying anything or asking questions, and then to give a summary without trying to solve the speaker’s problem or give advice. However, the summary may now include what the listener thinks is the underlying meaning, feeling, or dilemma in the story he or she has heard.

4. Change roles and repeat.

Note: A much more advanced exercise on summarising is Dr Clarke’s Referral, devised by William Miller, and taken from the Motivationalinterviewing.org site. You can find this on the Health Scotland VLE.
Activity 41: Supporting Change Planning

This activity is in some ways the goal of behaviour change – developing a change plan with a client. It’s a good activity to use after some OARS practice

**Purpose**

- To identify readiness to change
- To identify strategies to build commitment
- To identify strategies for change planning
- To identify techniques for changing behaviour
- To practice change planning

**Time allocation**

Variable: this can be the basis for an advanced workshop or for practice of one element of change planning

**Resources**

Activity 41: Change Plan Worksheet (2 pages)

**What to do**

1. Make sure that participants are clear about how to recognise that a client is ready to move on to planning for change. This can be related to the Cycle of Change.

2. Provide input on taking a systematic approach to planning for change.

   ③ identify a menu of options (including behaviour change techniques such as self-monitoring, self-talk etc.)
   ③ tactics for providing information
   ③ identifying coping strategies
   ③ SMART planning
   ③ Recording plans
   ③ Identifying support and rewards
   ③ Building confidence (self-efficacy)

3. Provide participants with the planning template ‘Change Plan Worksheet’.

4. Divide participants into groups of 3 or 4 and provide them with change planning scenarios and with observer sheets.

5. The participants should take turns to be client, practitioner and observer and practice going through a change planning process. Remind them to continue to use OARS and to be MI consistent even at this stage. Resistance can develop if practitioner slips into The Righting Reflex, and readiness can change.

6. Elicit learning and implications for practice from the groups.
Note: This exercise can be made even more real if a ‘ready’ participant is willing to use their own personal example.

This is also an opportunity to discuss the range of behaviour change techniques which people have found useful. (See A Competencies Framework for Health Behaviour Change Interventions (on the Health Scotland VLE) for a list).
### Activity 41: Change Plan Worksheet

<table>
<thead>
<tr>
<th>The changes I want to make (or continue making) are:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The reasons why I want to make these changes are:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>The steps I plan to take in changing are:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>The ways other people can help me are:</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>I will know that my plan is working if:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Some things that could interfere with my plan are:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What I will do if my plan isn’t working:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
**Activity 41: Change Plan Worksheet continued**

**Change Plan Worksheet Outline**

<table>
<thead>
<tr>
<th><strong>The changes I want to make are:</strong></th>
<th>List specific areas or ways in which you want to change. Include positive goals (beginning, increasing, improving behaviour).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The most important reasons why I want to make these changes are:</strong></td>
<td>What are some likely consequences of action and inaction? Which motivations for change seem most important to you?</td>
</tr>
<tr>
<td><strong>The steps I plan to take in changing are:</strong></td>
<td>How do you plan to achieve the goals? Within the general plan, what are some specific first steps you might take? When, where and how will these steps be taken?</td>
</tr>
<tr>
<td><strong>The ways other people can help me are:</strong></td>
<td>List specific ways that others can help support you in your change attempt. How will you go about eliciting others’ support?</td>
</tr>
<tr>
<td><strong>I will know if my plan is working if:</strong></td>
<td>What do you hope will happen as a result of the change? What benefits can you expect from the change?</td>
</tr>
<tr>
<td><strong>Some things that could interfere with my plan are:</strong></td>
<td>Anticipate situations or changes that could undermine the plan. What could go wrong? How might you stick with the plan despite the changes or setbacks?</td>
</tr>
</tbody>
</table>
Activity 42: Taste of MI

This exercise can be used early on in any workshop or course, to give people a taste of what MI is like, and its potential impact. You can then move on to exercises to practice OARS, and particularly reflection.

The exercise would also make a good illustration of MI on which to base a very short introductory session on MI.

Purpose
To illustrate the impact of traditional advice giving and persuasion. To illustrate the impact of a simple MI process. To illustrate the impact of asking some high quality and evocative questions. To raise awareness of the nature of change talk

This can be run as two separate exercises.

Time Allocation 30 – 40 minutes

Resources
 Worksheet 42A: A Persuasion exercise
 Worksheet 42B: Readiness exercise

What to do

Workshop 42A - A Persuasion exercise

1. Get participants into groups of four and explain that one person will be a client (the speaker), and another person will be a practitioner, the other two will be observers. (If you wish, you can also run this exercise very quickly with pairs only.)

This can be run as a realplay or a roleplay. If a roleplay, the speakers are expected to play a client who is presenting for treatment where there is a clear behaviour change goal but where they are in two minds. Give the speakers a few minutes to identify a role or give out case examples.

If a realplay, ask them to identify a change they have been thinking about but are still in two minds about. Be aware that if speakers are using personal dilemmas they are likely to feel resistant and angry at the approach taken in the first part of this exercise. Remind participants of the group agreement around disclosure and confidentiality.

2. The person who is playing the practitioner is given a handout of specific instructions. Stress that you do not want them to be ‘good’ practitioners, simply to follow the instructions. Their role is to do the following:
- Explain why the client should make this change
- Give at least three specific benefits that would result from making the change
- Tell the client how to change
- Emphasize how important it is for the client to change
- Tell the client how to do it.

3. The speaker tells the practitioner who they are, and the practitioner starts a conversation following the instructions. The other two group members observe what is going on. Give the groups about 5 minutes for this. Be prepared to stop the exercise if it looks like the pairs have gone as far as they can.

4. Finish the exercise and take feedback first from the clients. Most will feel angry, and resistant. Acknowledge all reactions and list on flip-chart paper.

5. Discuss common reactions to persuasion, reactance, and resistance. Mention The Righting Reflex. Also discuss readiness to change. You could introduce the idea of change talk here or leave till after the next part of the exercise.

Workshop 42B - Readiness exercise

1. Keep the groups together, and this time do a realplay. Ask the speakers to identify something real about themselves that they want to change or feel that they should change, - something that they are ambivalent about.

2. Give the practitioner a different set of instructions. Again, stress that you do not want them to be ‘good’ practitioners, but simply to follow the instructions. Their goal is to listen carefully and try to understand the dilemma. They should give no advice. They should ask the following questions:

   - ‘Why would you want to make this change?’
   - ‘If you were to do it, how might you go about it, in order to succeed?’
   - What are the three best reasons to do it?
   - On a scale of 0 to 10, where 0 is low and 10 is high, how important would you say it is for you to make this change? And why are you at….. and not zero?

Don’t give any instructions about reflective listening, just these questions. Tell them that another member of the group, Practitioner 2, will be tested on something later on, so everyone should listen carefully. This time give the groups 5 -7 minutes.
3. Now ask Practitioner 2 to give a short summary of the speaker’s motivation for change. They should summarise what they said about Desire for change; Ability to change; Reasons for change, and Need to change. (If doing this exercise with pairs only, the practitioner should provide this summary).

Now ask Practitioner 2 to ask ‘So what do you think you will do?’, and just listen with interest.

4. Debrief: Take reactions from the speakers, and discuss what happened. Do stress that these exercises have not been a test of how good the practitioners are, as they have just been following specific instructions. Nor have the questions been a template for a conversation.

Discuss the powerful nature of the questions, and of the summary.

If it is appropriate on your course, you can present Change Talk, and DARN-C.

There are a range of short video clips of ineffective versus effective practice which could also be linked to both parts of this exercise.

*Lis Merlot videos.* These are very short little clips which compare good and bad practice. All available through YouTube.

- [The Effective Physician](#)
- [The Ineffective Physician](#)
- [The Ineffective Pharmacist](#)
- [The Effective Pharmacist](#)
Worksheet 42A: Taste of MI

Persuasion Exercise

Instructions for participant

• Explain why the client should make this change.
• Give at least three specific benefits that would result from making the change.
• Tell the client how to change.
• Emphasise how important it is for the client to change.
• Tell the client how to change.
Worksheet 42B: Taste of MI

Readiness Exercise

Instructions for participant

Ask these specific questions:

• ‘Why would you want to make this change?’
• ‘How might you go about it, in order to succeed?’
• ‘What are the three best reasons to do it?’
• On a scale of 0 to 10, where 0 is low and 10 is high, how important would you say it is for you to make this change? Andy why are you at ..... and not zero?
Activity 43: The Spirit of MI – a metaphor

This is a quick activity that is active and helps raise energy in the room. It’s a good one to set in the early stages of introducing MI.

**Purpose**
To illustrate the Spirit of Motivational Interviewing

**Time allocation**
15 minutes

**What to do**

1. You may already have talked about the Spirit of MI, and shown them the wrestling versus dancing metaphor.

2. Ask the participants in groups to draw or identify their own metaphors for the Spirit.

3. Share together, and put the pictures on the walls

4. **optional:**
   - you can also talk about the metaphor of gathering flowers of change talk that are gathered into a bouquet and given back to the client.
   - The video of Monty Roberts demonstrating working with horses also offers a metaphor. (‘Join-Up’ Monty Roberts)

**Notes**
Using metaphors and non-verbal images can often convey the spirit and essence of an idea better than words. You may be able to use this type of activity at other times.
Activity 44: Three in a Row

A good exercise for early in a course setting the scene for introducing a person-centred approach (such as MI) instead of advice giving. This exercise also allows for some acknowledgement of the challenges faced by practitioners.

Purpose
To identify some of the challenges in helping people to change behaviour. To elicit some helpful techniques.

Time Allocated
20 minutes

What to do

1. Have participants work in groups of four or five. Ask the group to make a list of the ‘typical characteristics’ of their clients or patients, and record on a large sheet of paper.

2. Move the lists to another group so that everyone has a new list.

3. Tell the groups that they are practitioners who are scheduled to see three patients in a row who will have a range of these characteristics, and they will be raising the subject of behaviour change. Ask group members to reflect on their own for a minute about:

   - What they feel about this task
   - What they think about this task
   - What they would do

Then share their thoughts and discuss what they feel and what they would do as practitioners.

Bring the groups together and collate the reactions and the ideas for working with clients. Put these ideas on flip-chart. Summarise the discussion by categorising the ideas into good health behaviour change principles and MI categories, such as techniques to reduce resistance, promote collaboration, explore ambivalence, develop discrepancy etc.
Activity 45: Values exploration

Use early in a course or workshop, it’s important to cover values and attitudes before going into any skills development

**Purpose**
An exploration of the values and attitudes underlying individual health behaviour change

**Time allocated**
30 minutes

**Resources**
Activity 45 Values Statements (2 pages)
To be displayed around the room

**What to do**

(Snowball technique)

In pairs the participants walk around the room and take note of the statements that they think are most important when facilitating health behaviour change.

They then create their own list adding anything that is missing. The pairs then join up with another pair and the four make their list and so on until a group list of important values is created.

The facilitator makes links with the values implicit in empowerment approaches to HBC and the spirit of MI
Activity 45 Values Statements

People have to find their own motivation for change

It is not appropriate to raise change issues without the client’s permission

The practitioner needs to examine their own health behaviours before introducing change to clients

Health is not solely the responsibility of the individual; lifestyle approaches risk victim blaming

We should be tackling life circumstances before tackling life styles
We should only work with those who want to change – pre-contemplators aren’t our responsibility

If clients just want to be told what to do we should respond with the health messages

A client centred approach takes up too much time

By using MI techniques we are manipulating the client and retaining power

Empowerment is an empty word that masks an unresponsive service or practitioner
Handouts

A. Barriers and Concerns

You may have concerns about the delivery of brief interventions or face barriers to raising the issue of lifestyles. Research has suggested that these barriers and concerns fall into four main categories as follows [adapted from Shaw et al. (1978) and Deehan et al. (1997)]:

- Role legitimacy – should I do this?
- Role adequacy – can I do this?
- Role support – how can I do this?
- Motivation – what’s the point?

The statements below are taken from resources to support raising the issue and brief interventions in alcohol, smoking, physical activity and child healthy weight.

Role legitimacy – should I do this?

‘I’m worried that my patients/service users will be offended.’

(Alcohol) The evidence suggests that people are not offended by professionals asking them about their drinking habits. When asking someone about their drinking, you are not suggesting that they are dependent or an ‘alcoholic’, but just checking to see whether a reduction in alcohol consumption would lower their risk of injuries or other health problems. It all depends on how the issue is raised; look at the wording which you could comfortably use to raise the issue without causing any offence.

(Child Healthy Weight)

- Think about the timing and environment when raising the issue. If the issue is raised by the practitioner opportunistically, it is important that the patient understands why the subject has been raised. If the issue is raised by the practitioner in a planned way, it is important that the patient understands that it is a standard question that everyone is asked.
- Consider the language used and the context and age of the child or young person.
- Be aware at all times of family dimensions and relationships.

‘I don’t really like the person and don’t think they would appreciate me raising the issue of smoking’

(Smoking) A possible solution is to use an empathetic approach or ask a colleague to deliver a brief intervention at a later date.

‘Dealing with problem drinkers/childhood obesity is a specialist role.’

(Alcohol) Very few people who are drinking more than the recommended limits are or ever will be in contact with specialist alcohol services. As alcohol has such wide-ranging effects on so many different aspects of life, tackling alcohol-related harm is everybody’s business, across all health and social care fields.
(Child Healthy Weight) The relationship that is between you as a professional and the parent or child is important to both maintain and develop. There are different ages and stages when an approach by a particular professional would be more appropriate.

‘I drink a fair bit myself, and I don’t want to be a hypocrite.’

(Alcohol) Of course, like any other group in society, practitioners may also drink more than is recommended, but at least (with training) they can make an informed choice. The purpose of a brief intervention is to enable other people to make an informed choice about what is right for them, and your own drinking habits shouldn’t affect what you do for them as a practitioner.

It is essential to realise that the purpose of raising the issue of alcohol in a brief intervention is to give patients/service users an opportunity to discuss their drinking, if they wish to do so. Practitioners should not try to discuss alcohol or give advice if patients do not want this!

‘I smoke and I feel uncomfortable telling someone they should stop smoking’

(Smoking) Brief intervention is not about telling someone to stop smoking, rather it’s about advising of the risks and that stopping is desirable. It doesn’t matter if you have never smoked or if you currently do smoke, what is important is that you are committed to raising the issue of smoking and encouraging people to think about their smoking.

‘What if the practitioner is not active themselves?’

(Physical Activity) The purpose of a brief intervention is for the practitioner to enable other people to make an informed choice about what is right for them, and a practitioner’s own activity habits shouldn’t affect what they recommend to patients.

Role adequacy – can I do this?

‘I don’t know enough about alcohol.’

(Alcohol)

- You do not need to be an expert on alcohol to deliver a brief intervention. In fact, successful delivery of a brief intervention depends on a collaborative approach, and is therefore at odds with the idea of the practitioner as an expert. Patients/service users are best placed to know their own lives and concerns, and therefore to decide what is best for them.
- A good training course should provide you with all of the knowledge and skills that you need to enable you to deliver brief interventions effectively. This training course will build your confidence by developing your knowledge and skills first in each of the different elements of a brief intervention, and then in ‘putting it all together.’

(Child Healthy Weight) The relationship that is between you as a professional and the parent or child is important to both maintain and develop. There are different ages and stages when an approach by a particular professional would be more appropriate.

‘I don’t feel comfortable enough to raise the issue of smoking’

(Smoking) Completing on-line and face to face practice sessions will increase your
knowledge on tobacco and local services. Revisit the materials to refresh your memory and try to deliver brief intervention as often as possible to reinforce your learning.

‘Can I do this?’

(Physical Activity)

- Practitioners do not need to be experts on physical activity to discuss it with patients. Patients are best placed to know their own lives and concerns, and therefore to decide what is best for them.
- The easiest way to identify inactive patients is to ask them a simple, open question about physical activity, e.g. ‘Can you tell me about your physical activity in a typical week?’ and use that to judge how their current level of activity compares to the current recommendation for their age etc.

Role support – how can I do this?

You may feel that you do not have sufficient support professionally or practically to enable you to deliver brief interventions. The commonest concern relates to time, but you may also be worried that advice and assistance may not be available when necessary.

‘I don’t have the time to talk to everyone about their drinking – our appointments are too short.’

(Alcohol)

- **Time:** A brief intervention can be carried out in as little as 2 to 3 minutes, or could take up to 15 to 20 minutes. Even raising the issue, listening and giving the patient/service user feedback on the risks of drinking could be enough to motivate them to take action to find out more, or to come back later for further discussion, and is therefore worthwhile.
- **Help:** It is important to find out about local services to which you can signpost and refer patients/service users for further help, and to engage management to support your practice.
- **Confidentiality:** It is wise to consider the limits to confidentiality in your work setting. What laws, policies or procedures apply to disclosures that might occur?

‘I don’t have time in my job to deliver brief intervention’

(Smoking) It only takes 5-10 minutes to deliver a brief intervention but a shortened intervention can still be worthwhile. Take any opportunity that arises.

‘How will I fit it in?’

(Physical activity) Raising the issue of physical activity can take as little as 30 seconds while discussions about physical activity could take up to 10 minutes.

‘English is not their first language’

(Smoking) Everyone has the same right to information so they can make an informed decision. Arrange an interpreter or leaflets on smoking in different languages.

Motivation – what’s the point?
‘Problem drinkers are never going to change. Nothing I try will make a difference.’

(Alcohol)

- **The evidence indicates that brief interventions do work for enough people to make their delivery cost- and time-effective.** Unlike smoking or other unhealthy habits, many people are drinking at a level that they have no idea is harmful. With adequate information, research indicates that some individuals do want to make changes. Others, perhaps a larger group, may initially be unmotivated to make changes, but techniques such as brief interventions can help to build their motivation. Finally, some groups do want to cut down but are unsure where to start, or lack confidence. Again, brief interventions include strategies to help these people.

- Of course, brief interventions do not work for everyone, but they compare very favorably with other treatments. SIGN 74 reports that brief interventions have a ‘number needed to treat’ (NNT) of 7–9. That is, between seven and nine patients will need to be given a brief intervention in order to achieve a reduction of drinking to within non-hazardous levels in one patient.

- This compares very favorably with treatment for other medical conditions, where many more patients have to be treated for one person to benefit. For example, the use of cholesterol-lowering (statin) drugs to prevent cardiovascular mortality following heart attacks has an NNT of 30–90, and the use of blood-pressure-lowering medication to prevent a cardiovascular event (e.g. stroke, heart attack) within 5 years has an NNT of 40–125.

- Therefore, when delivering brief interventions in practice, remember that for one person to benefit, you need to deliver seven to nine interventions, so even if it feels as though you are not making much difference, just one success out of eight attempts is worthwhile. It is normal to find that most people will not benefit enormously, but brief interventions are still extremely cost-effective compared with other treatments.

‘The person has other priorities e.g. illness, family circumstances’

(Smoking) Who has specified these priorities, you or the client? Do not assume that the person will not be interested in quitting.

‘The person will think I am judging them or nagging’

(Smoking) Use a non-judgmental empathetic approach. Respect the person whether you agree with their decisions or not.

‘What’s the point? Will patients accept it? Is it futile?’

(Physical activity) Evidence reports that changes in physical activity levels can be attributed to brief advice given by a health professional. The evidence is that this does work for enough people to make it cost and time-effective. A New Zealand study concluded that 1 in 10 patients who are ‘prescribed physical activity’ will achieve and sustain the physical activity recommendations.
B. Discussion Flow Chart

A. Raise the issue
B. Explore current awareness
C. Summarise information
D. Listen for signs of readiness to change
E. Choose a suitable approach

exit Strategy / Sign Post / Refer

Fig 1. **Discussion Flow Chart**: Five boxes in the main part of the diagram. From top to bottom: A. Raise the Issue, B. Explore current awareness, C. Summarise information, D. Listen for signs of readiness to change, E. Choose a suitable approach. Two vertical boxes either side of the flow diagram with inclusion brackets to indicate that these are part of the process at any point: (Left hand side) Rapport and empathy (OARS); (Right hand side) Exit Strategy / Sign Post / Refer.
Discussion flow chart details

A. **Raise the issue** (ask permission); ensure that your client is comfortable to talk about their lifestyle behaviour and it is appropriate to raise the issue at this point in time. Asking them if it’s OK to raise the subject is more likely to put them at ease.

B. **Explore current awareness**; if a client already knows about the impact of their behaviour then it will be more effective if they can relay this back rather than be told again. This step may include using screening tools and providing feedback on these. It is important to provide accurate factual information to correct any inaccurate information. Ask how the client feels about the information.

C. **Summarise information**; make sure you understand what your client has told you.

D. **Listen for signs of readiness to change**; there may be verbal cues that your client is ready to change.

   - Desire: “I want…”
   - Ability: “I can…”
   - Reasons: “Because…”
   - Need: “I need to…”
   - Change: “I will…”

E. **Choose a suitable approach(s)**: depending on readiness to change, choose one or more of the following approaches using the route MAP to change (refer to the [Health Behaviour Change Competency Framework](#) for further information): enhance motivation (M); build confidence; explore coping strategies; explore goal setting (A); explore prompts and cues (P); or signposting or referral.

   **Remember to encourage the client to come up with the answers as they know best what will work for them in their situation.**

   Tools such as the readiness ruler can help you and your client, collaboratively, to assess why it’s important for them to change. The readiness ruler can also be used to gauge how confident your client feels about making the change.

F. **Rapport and empathy**

   It is important to build rapport and empathy to ensure a good relationship with your client. The OARS acronym (Open questions, Affirmations, Reflections, Summaries) will help you to think about how the conversation can be conducive to a collaborative conversation.

G. **Exit strategy**

   Sometimes it can be damaging to a relationship to force the issue. Your client might feel pressurised into change and this might result in resistance. In some situations the best solution is to allow the client to close the conversation. You can let them know help and support is available for them when they are ready.

   **Or signpost or refer on at any point.**

   If you would like to know more about some of the concepts mentioned in the discussion flow chart, please visit the URL below for a short eModule: [Health Behaviour Change Level 1](#)
Brief interventions should start from ‘where the patient is at.’ This means recognising that people make decisions that are ‘right’ for them based on their current values, goals and desires. The stages of change model (Prochaska and DiClemente, 1983) offers one way of thinking about how motivated a person is to make a change to their behaviour. The following diagram illustrates the main stages of change:

It is important to note that people do not necessarily move through the stages of change in a linear fashion, and that relapse can occur at any point in the cycle. Also, many people view motivation to change as being on a continuum rather than divided into discrete stages.

The stages of change model is useful when considering what specific brief intervention approach(es) to try with patients/service users first, and particularly in recognising that practitioners still have an important role to play even if a patient/service user appears to be unmotivated to change at present. It is important not to become sidetracked into working out exactly what stage of change someone is at, as it is possible that they may move through many stages, even in the course of a 5-minute interaction. Rather, the practitioner should try to ‘listen for how ready someone is to change’ as a rough guide to what approaches might work with different patients/service users.
The stages of change model can help practitioners to make the best use of whatever time they have available by choosing the strategy that is most likely to be relevant to that person. This should increase the likelihood that a very short intervention will be successful.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-contemplation:</td>
<td>Raise awareness – provide information and advice (with permission) on minimising risks and on the benefits of cutting down</td>
</tr>
<tr>
<td>awareness, hasn’t</td>
<td></td>
</tr>
<tr>
<td>contemplates, doesn’t</td>
<td></td>
</tr>
<tr>
<td>don’t think I drink</td>
<td></td>
</tr>
<tr>
<td>too much</td>
<td></td>
</tr>
<tr>
<td>Contemplation:</td>
<td>Explore concerns, enhance motivation</td>
</tr>
<tr>
<td>thinking about change</td>
<td></td>
</tr>
<tr>
<td>soon</td>
<td></td>
</tr>
<tr>
<td>‘My drinking sometimes</td>
<td></td>
</tr>
<tr>
<td>causes me problems’</td>
<td></td>
</tr>
<tr>
<td>Preparation:</td>
<td>Provide a menu of options</td>
</tr>
<tr>
<td>making a plan to</td>
<td>Negotiate goals and strategies</td>
</tr>
<tr>
<td>change behaviour,</td>
<td></td>
</tr>
<tr>
<td>setting gradual goals.</td>
<td></td>
</tr>
<tr>
<td>‘From next week, I’m</td>
<td></td>
</tr>
<tr>
<td>going to cut down’</td>
<td></td>
</tr>
<tr>
<td>Action:</td>
<td>Build confidence – build the person’s confidence in</td>
</tr>
<tr>
<td>continuation of</td>
<td>their ability to change</td>
</tr>
<tr>
<td>desirable actions, or</td>
<td></td>
</tr>
<tr>
<td>repeating periodic</td>
<td></td>
</tr>
<tr>
<td>recommended step(s).</td>
<td></td>
</tr>
<tr>
<td>‘I am trying to drink</td>
<td></td>
</tr>
<tr>
<td>less’</td>
<td></td>
</tr>
<tr>
<td>Maintenance:</td>
<td>Focus on coping strategies and relapse prevention</td>
</tr>
<tr>
<td>‘I’m worried I might</td>
<td></td>
</tr>
<tr>
<td>slip back into my</td>
<td></td>
</tr>
<tr>
<td>old routine’</td>
<td></td>
</tr>
</tbody>
</table>