

# **Year two of Public health practice:** offering brief interventions for healthy lifestyles

Training programme for  
pre-registration nurses

4233 Year 2  
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# Year two

### Offering brief interventions about healthy lifestyles: the core skills

#### Aim

To develop student nurses' core skills to enable them to deliver effective brief interventions as part of their role.

#### Objectives

By the end of year two the students will be able to:

- develop an understanding of the different approaches that can be used to help people to consider changing their behaviour
- review and describe a variety of models of behaviour change
- have more in-depth knowledge of the stages of change theoretical approach
- reflect on the nurse's role in relation to the different approaches
- describe the evidence base for offering brief interventions to improve health and well-being
- develop an understanding of the sequences involved in offering brief interventions
- list the core skills needed in delivering brief interventions
- practise the core skills required.

### Year two, day one: timetable

Time	Topic	Trainer's resources	Student activities
9.00	Welcome and introduce the programme Aims and objectives of the programme Initial ice breaker activity Recap model of behaviour change <ul style="list-style-type: none"> <li>• Identifying the stages of change</li> </ul>	PPT slide 1: welcome  PPT slides 2 and 3: aims and objectives  Ice breaker (see trainer notes)  PPT slide 4: behaviour change Quiz and discussion	Small group work   Task 1 (two pages)
Break			
1.30	Recap on the different approaches to help people consider change  The nurse's role with the different approaches	PPT slide 5: brief advice PPT slide 6: brief interventions  Small group work and discussion	Task 2 Task 3 (Case studies)
2.30	A sequence for offering brief interventions: Feedback risk Encourage patient responsibility  Offer consistent advice/ information Provide options for change Use an empathetic style Explore support  Core skills and qualities of practitioner <ul style="list-style-type: none"> <li>• Genuineness</li> <li>• Empathy</li> <li>• Being client-centred</li> <li>• Acceptance</li> <li>• Listening</li> </ul>	PPT slides 7,8 and 9: strategic approach        Group work (see trainers notes)  PPT slides 10, 11 and 12: core skills  PPT slide 13: our goal	Discussion        Small group work and discussion
3.30	Communication skills for brief interventions: <ul style="list-style-type: none"> <li>• listening</li> </ul>	Group work (see trainer's notes)	Task 4
	End of day one		

### Year two, day one: trainer's notes

#### Welcome students to programme two

- Welcome (PPT slide 1).
- Talk through the aims and objectives (PPT slides 2 and 3).
- Revisit the ground rules etc from year one.

#### Initial activity (this is revision)

Divide students into groups of three (mix people up) then randomly give each three a health topic card.

Healthy eating	Stopping smoking	Alcohol
Physical activity	Mental health and well-being	Sexual health

Each group is given five minutes to plan a **one minute presentation** about why this topic is so important to health.

## Recap behaviour change

Talk through PPT slide 4: the model of behaviour change. This model is linked with brief advice and brief interventions because it is an example of the underpinning theory of how people attempt change. All conversations with patients will depend on an identification of the stage a person is at. For example, you would discuss risk more often when a patient is pre-contemplative or contemplative, whereas if they are at the planning stage they may know the risks but require a conversation about 'how to change.' (*Zimmerman et al. 2000*)

Divide the students into pairs and hand out task 1: stages of change quiz.

After students have completed the quiz, talk through the answers.

## Discussion

How would your approach differ with people at different stages?

Who might you find it difficult to speak to? Why?

Who would be easier to speak to? Why?

## Break

### Recap the different approaches

Talk through PPT slide 5: brief advice  
PPT slide 6: brief interventions

Using a flip chart discuss with the group:

- which approach would be suitable in different nursing situations?

**Brief advice:** high risk situations in an A&E department, hospital admissions procedures, time limited contact.

**Brief interventions:** ward rounds, discharge procedures, talks with family, clinics, medicine management and therapy sessions.

## Nurse's role

Divide the students into small groups and hand out task 2.

Answers may include:

- because I am concerned about a person's health
- because I am concerned about a person's recovery from ill-health
- because I need to help people avoid future illness
- because I am trained to do this
- because I have knowledge and information
- because a person asks me
- because it's my job
- because it is expected of me.

To be effective in offering brief advice or brief interventions nurses need to feel it is appropriate that they speak to patients about lifestyle change. Reinforce the nurse's role in promoting good health.

Ask the question: what else do students **need to feel** to be able to offer brief interventions?

## Skills and confidence

A strategic approach will provide a foundation that can assist nurses to gain confidence. Emphasize there are various strategies to adopt and the FRAMES approach is one such model.

### Who would you speak to?

Divide students into small groups and give out task 3.

Allow time for students to read case studies and discuss their answers: whole group feedback.

It is important here to emphasise that nurses will often feel more comfortable with certain situations than others. However, in order to embed health promotion work into their role, they need to increase their skills and confidence to be willing to raise the issue of lifestyle change with as many patients as possible.

### A model for offering brief interventions

#### FRAMES

Talk through PPT slides 7, 8, 9 and 10  
Feedback and discussion

### Core skills and qualities

Ask the group to offer their ideas of the core skills needed. Record these and talk through.

### Activity: being client centred

Split the group into group one and group two.

#### *Group one*

Are to go out for a ten minute (no longer) break/walk.

#### *Group two*

Are to think of a time when they were treated in a client-centred way, e.g. at the doctors', with an employer, with a teacher or lecturer. Write down words that describe how YOU felt being treated in this way. Offer one example: 'supported'. Allow some time for students to think and write down words. On completion this group go for a ten minute break/walk.

#### *Group One*

Show group one the words written by group two. Ask the question 'if this is how people feel when being treated in a client-centred way, what do YOU as a practitioner need to do to bring this about. Offer one example: use someone's name. Students write down their suggestions.

Gather group together and conduct a whole group discussion.

Talk through PPT slides 11, 12, 13 and 14 (core skills).

### Developing communication skills

Listening: students to complete task 4.

Discussion and feedback.

- How did it feel talking without interruption?
- How did it feel not being able to speak?
- If you could have spoken what type of things would you say?

How do we encourage patients to talk and open up about their health behaviour? How do we build rapport? Refer back to client-centred activity.

Close of day one.

## Offering brief interventions about healthy lifestyles: the core skills

Welcome to year two, day one

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### Aim and objectives

#### Aim

To develop the core skills of nurse students to enable them to deliver lifestyle brief interventions as part of their role.

#### Objectives

By the end of this module nurse students will be able to:

- review and describe the trans-theoretical model of behaviour change
- develop an understanding of the different approaches that can be used to help people to consider changing their behaviour
  - describe the evidence base for offering brief interventions to improve health and well-being
  - describe a model for offering a brief intervention
  - list the core skills needed to deliver brief interventions
  - practise the core skills required
- reflect on the nurse's role in relation to the different approaches.

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### Remembering the cycle of change

- **Pre-contemplation: unaware/unready** (*give information about risks*).
- **Contemplation: aware/may be ambivalent** (*discuss motivation to move patient along*).
- **Preparation: planning** (*set date, make plans, be specific, anticipate difficulties*).
- **Action: ready to go** (*encourage, support, offer follow up*).
- **Maintenance: keeping it up** (*reinforce success, advise on managing relapse*).

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### Brief advice is:

- pro-actively raising awareness of and assessing a person's willingness to engage in further discussion about healthy lifestyle issues
- opportunistic: lasts around three minutes and involves:
  - listening to patients' needs/concerns
  - asking, 'do they want to speak about their lifestyle?'

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Definition of brief intervention

- 'A brief intervention is a short, evidence based structured conversation about a health issue with a client that seeks, in a non-confrontational way, to motivate and support the client to think about and/or plan a behaviour change.'

(NICE 2007)

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FRAMES

- F** Feedback of personal risk
- R** Responsibility of the patient/client
- A** Advice to change
- M** Menu of change options
- E** Empathetic counselling style
- S** Self-efficacy or optimism of patient/client

(establishing a goal or goals)  
(follow up)

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### Empathetic counselling style

- An empathetic style can increase behaviour change success by 20%.
- Use reflective listening strategies.
- Support problem solving.
- Roll with resistance.

### Self-efficacy (optimism of the patient/client)

- Build on patient's strengths and past successes.
- Encourage patients to develop and implement plan for change.
- Show optimism that the patient can achieve the change.

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### Core skills for successful brief interventions

#### Knowledge of the issues that need to be addressed

For example:

- 'obesity':
  - what are the risks
  - what can be done about it
  - what services are available to offer support?

#### Principles of assessment

Including:

- patient centred approach
- data collection and verification
- identify problems with patients
- identify health needs and willingness to change.

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### Core skills for brief interventions: communications

- Use of verbal/non verbal communication.
- Use of 'open' questions.
- Effective listening skills.
- Use of paraphrasing and reflection.
- Check understanding.
- Show empathy.
- Reflect again!
- Clarifying and summarising.

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### Core spirit

- Genuineness
- Empathy
- Acceptance

**Being client centred  
(patient)**

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Practitioner goal in delivering a brief intervention

- The goal of a brief intervention is that the patient, not the professional, expresses concerns about the current behaviour and presents arguments for change!

(Rollnick, 2002).

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End of day one

**Thank you**

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### Year two, day one: tasks

#### Year two, day one: task one

##### Case studies

What stage of change might these people be at in relation to losing weight?

John is 52 years old and a self-employed builder. He has gradually been putting on weight over the years and now weighs 18 stones. He recently went to his doctor as he was feeling very tired and under the weather. Tests revealed that he has adult onset diabetes; this has shocked and worried him.

*Stage(s)*

David is an overweight man in his mid 30s with a BMI of 31. He is married with three young children. He would like to be slimmer but is not sure how to go about it. If he loses weight he feels he would be fitter, able to keep up with the kids and wear some of his clothes that are now too small. He is worried that eating diet foods will be expensive. He usually finds himself eating when he is bored. He used to play football after work but now he hasn't got the time.

*Stage(s)*

Jane is a busy mum aged 42 with two children. She has a BMI of 29 and her doctor has advised her to lose weight, as her blood pressure is high and it would help her 'bad back'. All her family are large and her back is bad because of lifting the children – weight hasn't anything to do with it. She's fed up of being nagged to change.

*Stage(s)*

Maureen is an obese woman in her late 50s with a BMI of 34. She lives alone now that her children have left home. She has tried many times to tackle her weight but without much success. She knows that her blood pressure is high and that there is diabetes in the family. She can please herself about what she cooks and she enjoys cooking but often can't be bothered just for herself. She usually likes to eat biscuits with her afternoon tea but is going to try fruit instead and is finding out about a local exercise class.

*Stage(s)*

Janice has been losing weight steadily over the past few months, having made some changes to what she eats. She is off on holiday soon and is concerned that all her good work will be undone by the temptations and actions of her friends.

*“They are all skinnier and can get away with eating and drinking every night. I’m not sure what I can do, I don’t want to spoil the fun, but I think I will just put it all back on”*

Stage(s)

Debbie is pregnant and has just had her second scan. She has been trying to eat more healthily during her pregnancy but at the moment she is finding it hard going. She had previously said she was going to eat fruit at tea breaks at work rather than biscuits, use semi skimmed milk and cut out the take-a-ways. Just recently it has *“all gone wrong”*.

Stage(s)

**Year two, day one: task two**

In your groups please complete the sentence listing as many reasons as you can.

*“It is legitimate for me as a nurse to speak to people about their smoking, eating, drinking, or lack of exercise because...”*

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### Year two, day one: task three

#### Brief advice: raising the issue

##### Scenario one

Mr Smith is 45 years old and has been receiving treatment for hypertension and elevated cholesterol and has been admitted to the ward for observation due to pains in his chest. Mr Smith has a family history of heart disease and is slightly overweight. His recent blood analysis shows a further increase in cholesterol despite his current medication of ACE inhibitor, calcium channel blocker and statins to lower cholesterol.

Mr Smith is sitting in your ward and is having tea and tucking into a packet of chocolate biscuits.

In your small group discuss:

- would you want to speak to this patient about his lifestyle? Why
- what issue would you focus on to open a conversation
- can you think of an opening question to use
- what stage of change do you think Mr Smith is in relation to his lifestyle?

##### Scenario two

Olivia is 16 years old and she is attending an NHS walk-in centre for the 'morning after' pill. Olivia tells you about the circumstances leading up to this, which included getting drunk on WKD, going to a party and meeting a boy who encouraged her to 'go upstairs.' She is feeling under the weather, is upset and quite embarrassed. She is on her own.

In your small group discuss:

- how you might speak to Olivia about her situation
- what you think would be important to speak to her about
- what stage of change do you think Olivia is at in relation to alcohol and her sexual health?

### **Scenario three**

Mrs Brown is 74 years old and has been smoking 30 cigarettes a day for about the last 40 years. She has told medical staff that she has recently stopped. Mrs Brown has been accepted as being suitable for a hip replacement operation and is with you for a pre-op discussion and assessment.

She seems concerned about the operation and the anaesthetic and she tells you about her continued smoking (which you suspected but Mrs Brown has not mentioned up until this point).

In your small group discuss:

- how you would respond to Mrs Brown's disclosure. Can you think of a response
- how you would you talk about the risk involved
- what stage of change do you think Mrs Brown is at?

### Year two, day one: task four

#### Communication exercise

In pairs, decide who is going to talk and who will listen.

#### *Talkers*

You are to pick one topic from the list below and you have five minutes to speak about this to your partner.

#### *Listeners*

You are to listen to your partner about his/her chosen topic for five minutes. You are not allowed to speak at all during this time, but you can use non-verbal body language if you wish.

Topics to speak about:

- living in my family
- why I have decided to train to be a nurse
- my school days
- my part-time job
- my hobby
- where I'd like to be in five or 10 years time.

### Year two, day two: timetable

Time	Topic	Trainer's resources	Student activities
9.00	Brief intervention core skills Activity 1: active listening/ reflection  Activity 2: discussing risk and assess readiness	Group activity (see trainer notes).  Group activity (see trainer notes). PPT slides 15, 16 and 17: opening an interview PPT slide 18: summarise	Small group work Task 5  Task 6
Break			
1.30	Practical session: a systematic approach Feedback of risk Patient responsibility Advice to change Menu of options Empathy Self efficacy	Group work (see trainer notes)	Workshop style activities
3.30	Recap the module		
	End of day two		

### Year two, day two: trainer's notes

#### Welcome back

Any issues arising from programme so far?

#### Brief interventions core skills

##### *Activity one: active listening and reflection*

Divide students into twos and hand out task 5 for completion.

##### *Discussion and feedback*

What does the practitioner need to know before raising the issue?

- Why they are raising the issue.
- If they have knowledge and information about the issue.
- What they want to achieve from this conversation.
- How to ask an open question.
- How to reflect.

Ask the question 'did you carry out the task as it was intended or did your discussions go further?' I.e. you gave advice, you rated the client's diet or activity, for example 'so you don't do much!' Why do we do this and what might happen if we do?

**Answer:** we don't as yet know enough about a person's attitude and intentions to offer solutions and by jumping ahead we run the risk of building up resistance, or we may seem to judge. Again, we make assumptions and we come across as the expert.

##### *Task 6: raising the issue and assessing readiness*

This activity allows students to take a conversation further and try to assess readiness to change and introduces a tool to support behaviour change. An observer can help with the process. Show PPT slides 16 and 17 to complete this session.

##### *Discussion*

Remember the core skills

Being genuine: did you show interest? How?

Remaining non-judgemental: how did you do this?

Empathy: could you show empathy for your colleague. Why?

#### Break

#### Practical session: following FRAMES approach (workshop style)

##### **1) Feedback of risk:** reflect over previous risk activities

Divide students into six groups and hand out previous topic cards.

Each group to present some information about risk for this topic:

- a review of the risk associated with this behaviour
- how they think different people may view the risks involved
- to write one or two 'open' questions that could be used to begin a conversation about this topic with a patient.

Students feed back their work.

##### **2) Responsibility of the patient**

This is an important aspect for offering brief interventions. We need to allow the patients to remain in control of their own lifestyle behaviour and the decision to change ultimately rests with them.

Introduce scaling as a way of assessing readiness: ask students if they could scale their own readiness to change any aspect of their own behaviour (0 = not ready, 10 = ready).

### 3) Advice to change

- Discuss the need for consistent, evidence-based messages. Review these if necessary.
- Discuss HOW the message is given. Use of language should be simple and relevant to a person's life circumstances.
- Before giving advice it is important that a practitioner asks permission.
- Can the students think of a question to ask permission about each different topic? For example, 'could I give you some information about alcohol units?' 'What do you know of physical activity and blood pressure? Could I explain?' 'Your test results are...Would you like me to explain this?'

### 4) Menu of change options

Divide the students into four groups (small groups of four or five). Give each a flip chart paper and marker pen.

Ask them to complete one of the tasks.

- a) 10 ways to reduce drinking.
- b) 10 way to be more active in daily life.
- c) Ways to reduce fat in the diet.
- d) Ways to cope with not smoking.

Each group to feed back their work. Discuss that brief interventions do require that the practitioner to offer some helpful options for change. This supports the **BEHAVIOURAL** approach. We do not simply tell people what they should do: we try and help with **HOW** to change (*Shinitzky, H. E. 2001*).

### 5) Show Empathy

This means understanding a person's problems, concerns and difficulties whilst remaining focused on helping them with problem solving and showing optimism. Ask students 'how can we show empathy?' 'What skills do we use?'

Answers: reflection - 'so you find it difficult...?'

Offering a variety of options - 'which of these might work for you?'

Show PPT slide 18.

### 6) Support and follow up

This aspect is being covered more fully in year three but points for discussion are:

- what do we mean by support for changing?  
From health professionals, family, friends and other services.

Divide the students into three groups

#### *Group one*

What type of support can be given by a health professional? What support can a nurse give?

#### *Group two*

What type of support can be offered by family and friends? What have they themselves experienced in the way of support?

#### *Group three*

What support do other types of services offer? List a few examples.

Whole group discussion.

### Final session: recap the programme so far

Why promote healthy lifestyles?

What are the opportunities we have to be involved with promoting health?

Barriers to health promotion work.

Theories of change.

Brief advice and brief interventions: FRAMES.

Skills and competencies.

Our attitudes: what about our own health?

## Offering brief interventions about healthy lifestyles: the core skills

**Welcome to year two, day two**

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### Opening the interview

- Welcome, greeting, build rapport.
- What time have you available?
- Raise the issue.
- Establish the story so far.
- What next?

A client-centered approach starts with the first encounter.

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### What do patients need?

- To be heard and understood.
- To have an opportunity to tell their story.
- To receive information.
- To feel able to cope.
- To feel empowered.
- To maintain confidentiality.

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### Showing empathy

#### **Empathetic counselling style can:**

- increase behaviour change success by 20%.

#### **How do we do this?**

- Use reflective listening strategies.
- Support problem solving.
- Roll with resistance.

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Summarise

- Brief interventions are public health interventions aimed at the prevention of ill health and the promotion of good health.
- The core skills needed to deliver brief interventions include knowledge, assessment skills and good interpersonal and communication skills.
- Interventions based on sound theory are likely to be more successful.
- Successful practitioners are:
  - genuine
  - non-judgemental
  - skilled communicators.
- However, there are pitfalls. Remembering the golden rule will steer you on the path to success: 'reflect and listen'.

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End of module two

**Thank you**

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## Year two, day two: tasks

### Year two, day two: task five

#### Raising the issue and active listening and reflection

In pairs, each of you will have a chance to be the speaker and the listener. Choose who will be first to speak.

##### **Scenario one**

Listener

You are to find out what your partner's 'typical' weekly diet is like. You have two minutes to do this.

##### **Scenario two**

Listener

You are to find out if your partner is active enough for it to benefit their health. You have two minutes.

Reflection: after the two minutes you are to reflect back to your partner what you have discovered about their diet or activity.

Be prepared to discuss this activity in the group.

### Year two, day two: task six

#### Raising the issue and assessing readiness

Working in threes: identify roles

- 1) Speaker: person speaking about their eating or physical activity behaviour.
- 2) Listener: person offering a brief intervention.
- 3) Observer: assessing the process.

#### *Part one*

##### *Listener*

You have a couple of minutes to think about how you will raise the issue of healthy eating with your client.

- How will you start the conversation?
- Consider an open question to use.
- What do you want to know?

##### *Speaker*

You are to answer the listener's questions. Be yourself, sharing information as you feel comfortable.

#### *Part two*

##### *Listener*

Reflect your findings back to your speaker. Now try to find out how they feel about their current diet in relation to their health and reflect this back again. How will you discuss risk?

Complete this task by exploring if the speaker wishes to consider changing their diet or activity levels.

##### *Observer*

Give feedback. Consider, use of language (verbal and non-verbal) the relationship, the information gained, the overall outcome.

## Additional slides that can be used to support year two learning

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Miller and Rollnick (2002) advocate reducing resistance  
to change by avoiding:

- arguing
- confronting
- persuading
- telling the patient what to do
- judging.

*(Listen, Reflect, Listen, Reflect)*

2

