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EHPS Policy Summary

Behaviour Change 101

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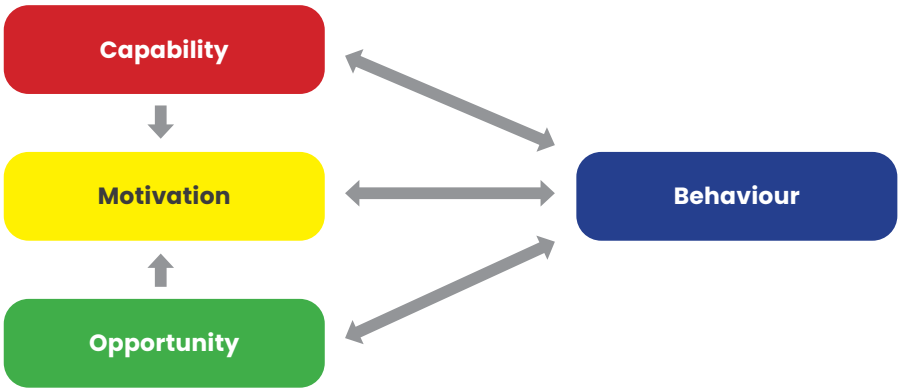
In trying to improve health and wellbeing, health professionals, policy makers and public/third sector workers may need to help other people to change their behaviours or change their own behaviours [Box 1].

Behaviour change is complex and can be difficult for non-specialists. This summary aims to provide a brief, simple overview of how to change people's behaviour.

Many systematic approaches to intervention design have been developed. One example is the COM-B framework (Michie, van Stralen & West, 2011) which outlines the main determinants of behaviour. According to COM-B, people will only engage in a behaviour if they want to do it or think it is important (Motivation), are able to do it (Capability) and have the time and resources to do it (Opportunity).



COM-B can be used to develop an intervention using 3 steps;

1. **Clearly specify the target behaviour** - work out exactly who needs to do what, when, to achieve your goal.
2. **Work out the likely determinants of this target behaviour** – review the scientific literature on the behaviour of interest and speak to the target group directly. The questions in the table below may help to identify likely determinants. Questions answered with a "no" can direct you to areas to be tackled.

What are health behaviours?

Anything that a person **does (or does not do)**, that has the potential to promote health or that is a risk to health.

Examples of health promoting behaviours

- Taking medication as prescribed
- Seeking medical help in response to symptoms
- Eating fruits and vegetables
- Exercising
- Attending cancer screening
- Washing hands
- Attending dental check ups
- Tooth brushing
- Getting vaccinated
- Using sunscreen

Examples of health risk behaviours

- Smoking
- Binge drinking
- Eating processed meats
- Eating high fat/sugar foods
- Driving without a seatbelt
- Having unprotected sex
- Illicit drug use
- Avoiding social contact
- Sedentary behaviour
- Working a stressful job

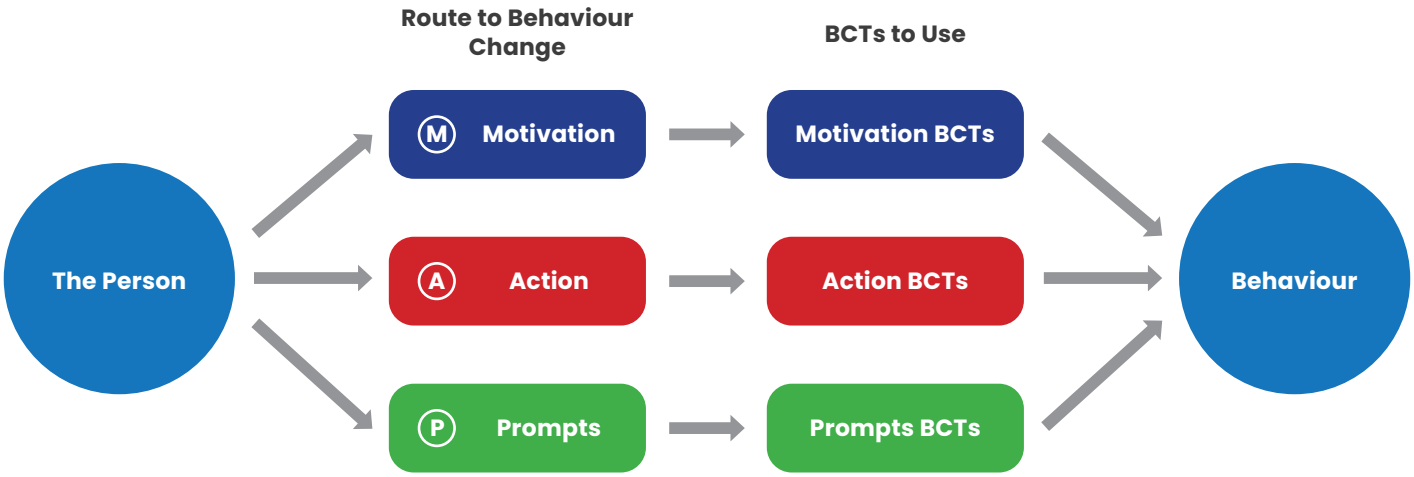
Are they MOTIVATED?	Are they CAPABLE?	Do they have the OPPORTUNITY?
Do they want to do X? Is doing X a priority compared to other things? Is X part of their routine? Do they need to do X? Does doing X have benefits for them? Do they intend to do X? Do they believe X is a good thing/helpful/worthwhile etc?	Do they know what X is? Do they know how to do X? Do they know why X is important? Are they physically able to do X? Are they mentally able to do X? Will they remember to do X?	Do they have enough time to do X? Can they afford to do X? Do they have the resources needed to do X? (i.e. equipment, materials, etc) Is it socially acceptable/ 'normal' to do X? Do others around them do X?

3. **Select 'behaviour change techniques (BCTs)' to change these determinants and bring about behaviour change** – BCTs are the active ingredients of behaviour change interventions. While there are many BCTs (**www.bciontology.org**), some commonly used examples are in the table below.

To...	Appropriate BCTs might be.....
Increase motivation	Give people *information about health consequences* (i.e. health risks or benefits) *of the behaviour* (BCT 5.1) Ask people to think through the *pros and cons* of doing the behaviour (BCT 9.2)
Increase capability	Provide *instruction on how to perform the behaviour* (BCT 4.1) Provide a *demonstration of the behaviour* (BCT 6.1)
Increase opportunity	Add *objects to the environment* (e.g. provide free fruit to encourage healthy snacking; give out condoms to facilitate safe sex etc) (BCT 12.5)

In many situations however, such methods may not be practical or feasible to use in real practice. For example, where there is limited time, resource or expertise, or when dealing face to face with an individual client or patient. In these cases, the mnemonic MAP can be used to choose appropriate BCTs that align with the three main routes through which behaviour change can be achieved.

MAP stands for **M**otivation, **A**ction and **P**rompts, and can be used to select appropriate behaviour change techniques (Dixon & Johnston, 2020). While not designed as a replacement for more comprehensive methods of intervention development, MAP is a functional tool based on behavioural theory and evidence, which has been used to train thousands of healthcare professionals in the UK (**www.nes.scot.nhs.uk/our-work/behaviour-change-for-health**)



MAP sets out 3 routes to behaviour change;

Route	Change is achieved by	Using BCTs such as...
Motivation	Increasing people's motivation, i.e. their conscious desire or intention to change	Provide information from a credible source (BCT 9.1) about the likely health (BCT 5.1), emotional (BCT 5.6) or social (BCT 5.3) consequences of action (or inaction). Have the person compare the imagined future outcomes of acting or not acting (BCT 9.3). Prompt the person to think about whether they might regret acting or not acting in future (BCT 5.5).
Action Regulation	Helping motivated people to take action	Prompt the person to set goals (BCT 1.1) and make specific action plans (BCT 1.4) about what they are going to do, when and where. Provide emotional support (BCT 3.3). Give them an opportunity to practice an action they are not confident about (BCT 8.1). Advise them how to minimise the mental demands of change (BCT 11.3). Ask them to monitor the outcomes of their actions (e.g. with a diary; BCT 2.4) and to think in advance about how they could handle any problems that arise (BCT 1.2).
Prompts or cues	Using techniques that trigger action automatically without needing conscious motivation or thought at the time of action	Introduce reminders and prompts into the person's environment (BCT 7.1; BCT 12.5) and remove cues to unwanted actions (BCT 7.3). Ask them to repeat an action at the same time, in the same context every day until it becomes a habit (BCT 8.3).