

# Health Behavior Change: from theory to practice

## Part 2 Classroom Training

### **Participant Agenda**

Welcome and introductions

Review Stages of Change and Activity

Introduction to Change Talk

DARNCAT and Drumming for Change Talk

Reflective Listening Techniques and Practice

Break

How to use Scaling Questions and Activity

Decisional Balance Worksheet

Tips on Rolling with Resistance

When it is okay to give advice

Video: successful HBC conversation

# CHANGE TALK

## ***DARN CAT***

**Desire:** Indicates a clear desire for change, but stops short of a commitment.

Examples: I'm hoping things will change.  
This is not the person I want to be.

**Ability (Optimism):** Indicates a "can-do" attitude and shows that a person feels s/he can make changes, if s/he makes up his/her mind to do so. For someone who is tentative about his/her ability, we can use affirmations to help bolster a person's hope.

Examples: I know what I have to do – I just need to do it.  
I'm going to prove everybody wrong.

**Reason (Benefits of Change):** Shows that person see a specific advantage to making changes in behaviour – the good things that might happen if they make changes.

Examples: Maybe I would have more energy if I was more conscientious about my blood sugars.  
It would be nice if I didn't have to worry quite so much.

**Need (Problems with Status Quo):** Things aren't working in the person's life. Can be specific or general. Sometimes this is what brings a person in to see us in the first place.

Examples: I need to get a handle on things.  
I've got to make things better.

**Commitment:** Contain action words that communicate an intention to take steps.

Examples: I am going to...  
I plan to...

**Activating:** Getting ready, gathering resources

Examples: I made a list of the things I will need  
I told a friend I am getting ready to make this change

**Taking Steps:** Taking small, even tentative steps in the right direction predicts change. Describes steps that the person is already making in support of a specific goal.

Examples: I went to the gym and worked out twice last week.  
I told my boyfriend that he couldn't stay if he was drinking.

Note: Clinicians *aren't installing* motivation, but rather drawing *it out* from what the person says and does, and then holding that up for them to notice, too.

## Real-life Subjects for Enactments

Sharing our own areas for change can feel vulnerable in a good or not-so-good way. Some of the subjects that likely feel safe enough to talk about are:

- Adding more of a food-group to one's diet (fruit, vegetable, dairy, etc)
- Increasing physical activity
- Increasing reading on professional subjects
- Developing greater closeness with peers

Other areas to consider that may be bigger risks:

- Stopping a habit that would improve your health
- Adding relationship-enhancing attitudes with partner, children, friends, etc.
- Dealing with emotion related negative behaviors (acting out by eating, drinking, avoiding, sleeping, etc.)
- Accepting a diagnosis/issue like a chronic condition (needing bifocals, diabetes, arthritis, asthma, sleep apnea, etc.

Everyone has a slightly different comfort level with this sort of thing, and you are encouraged to take a risk that feels *manageable* to you.

## Examples of Open Questions to Evoke Change Talk

### Desire for change:

- Never mind the “how” for right now – what do you want to have happen?
- How would you like for things to be different?
- What would you like your life to be like 5 years from now?
- What would be the advantage of making this change?
- What would be the benefits of.....?

### Ability for change:

- What makes you think that if you decide to make a change, you could do it?
- What encourages you that you can change if you want to?
- What do you think would work for you, if you decided to change?
- When else in your life have you made a significant change like this? How did you do it?
- How confident are you that you can make this change?
- What could make you feel more positive about the move?

### Reasons for change:

- What would be the good things about making this change?
- If you could make this change immediately, by magic, how might things be better for you?
- The fact that you’re here indicates that at least part of you thinks it’s time to do something. What are the main reasons you see for making a change?
- What difficulties or hassles have you had in relation to this behaviour?
- What is there about this behaviour that you or other people might see as reasons for concern?
- In what ways does this concern you?
- How has this stopped you from doing what you want to do in life?
- What do you think will happen if you don’t change anything?

### Need for change:

- What worries you about your current situation?
- What makes you think that you need to do something about this?
- What is your greatest concern if you don’t make the change?

### Commitment to change:

- What do you think you might do?
- How important is this to you? How much do you want to do this?
- What would you be willing to try?
- So what do you intend to do?

# Eliciting Change Talk

**Evocative Questions** ask directly for change talk.

Examples: In what ways does this concern you?  
How would things be better if you changed?  
So, given all this, what do you think you'll do next?

**Elaboration** asks person for examples of situations that demonstrate change talk. The aim is to have the person add details that show clearly the difference between the desired change and what is currently happening.

Examples: Tell me more about that.  
You said things were better then. Tell me about a time when you and your partner got along better. Specifically, what was happening?

**Extremes** can identify the worst-case scenario if a behaviour continues, or the best-case if change occurs. This opens up conversation about some of the things that can be hardest to talk about.

Examples: What concerns you the most?  
What do you hope for the most?

**Looking Back** asks the person to remember how things were before problems emerged.

Examples: Do you remember a time when things were going well? What has changed?  
What did you envision for yourself with this behavior when you were young?

**Looking Forward** asks the person how things might unfold in the future, whether they change or don't change.

Examples: If nothing changes, what do you see happening in 5 years?  
What are your hopes for the near future?

**Exploring Goals** matches the target behaviour with the person's dearest values and goals. When person have defined 3-5 highest values, the clinician explores how these values fit into their life, including with the target behaviour.

Examples: What things do you regard as most important? How does your drinking fit into this?  
What sorts of things would you like to accomplish in your life?

# Decisional Balance

	Good Things	Not so Good Things
No Change		
Change		